

STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.11-A

State North Carolina

STANDARDS FOR INSTITUTIONS

Institutions must meet standards prescribed for participation in Titles XVIII and XIX. Those standards are specified by State licensing law and by Federal law or regulations and are kept on file in the single State agency and are available on request.

Rec'd 12-26-73

OPC-11# 73-45 Dated 12-21-73

R.O. Action 7-19-78

Eff. Date 10-1-73

Obsoleted by ____

Dated _____

State/Territory North Carolina

A Memorandum of Understanding Agreement exists between the Division of Medical Assistance and the Division of Vocational Rehabilitation Services of the North Carolina Department of Health and Human Services.

TN No. 00-03
Supercedes
TN No. 94-14

Approval Date Aug 02 2000

Eff. Date 04/01/00

A Memorandum of Understanding Agreement exists between the Division of Medical Assistance and the Division of Public Health within the Department of Health and Human Services.

TN No. 00-03
Supersedes
TN No. 92-36

Approval Date Aug 02 2000

Eff. Date 04/01/00

State/Territory North Carolina

A Memorandum of Understanding Agreement exists between the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services of the North Carolina Department of Health and Human Services.

TN No. 00-03
Supercedes
TN No. 94-14

Approval Date Aug 02 2000

Eff. Date 04/01/00

State/Territory North Carolina

A Memorandum of Understanding Agreement exists between the Division of Medical Assistance and the Division of Facility Services of the North Carolina Department of Health and Human Services.

TN No. 00-03
Supercedes
TN No. 94-14

Approval Date Aug 02 2000

Eff. Date 04/01/00

State/Territory North Carolina

A Memorandum of Understanding Agreement exists between the Division of Medical Assistance and the Division of Aging of the North Carolina Department of Health and Human Services.

TN No. 00-03
Supersedes
TN No. 94-14

Approval Date Aug 02 2000

Eff. Date 04/01/00

State/Territory North Carolina

A Memorandum of Understanding Agreement exists between the Division of Medical Assistance and the Division of Services for the Blind of the North Carolina Department of Health and Human Services.

TN No. 00-03
Supercedes
TN No. 94-14

Approval Date **Aug 02 2000**

Eff. Date 04/01/00

State/Territory North Carolina

A Memorandum of Understanding Agreement exists between the Division of Medical Assistance and the Division of Social Services of the North Carolina Department of Health and Human Services.

TN No. 00-03
Supersedes
TN No. 94-18

Approval Date Aug 02 2000

Eff. Date 04/01/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

LIENS AND ADJUSTMENTS OR RECOVERIES

1. The State uses the following process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home:

Review of documentary evidence (level of care documentation, plan of care, hospital discharge summary, discharge planner's records, or physician's statement) indicates no plans or date for discharge or specific dates that institutional care is needed. When an individual continues to be institutionalized beyond the plans for discharge, it is presumed to be permanent.
2. The following criteria are used for establishing that a permanently institutionalized individual's son or daughter provided care as specified under regulations at 42 CFR §433.36(f):

Not Applicable. State does not impose liens.
3. The State defines the terms below as follows:

Not applicable. State does not impose liens.
 - o estate
 - o individual's home
 - o equity interest in the home
 - o residing in the home for at least one or two years on a continuous basis, and
 - o lawfully residing.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

4. The State defines undue hardship as follows:

When an heir is dependent on assets in the estate of the deceased for financial support or residence.

5. The following standards and procedures are used by the State for waiving estate recoveries when recovery would cause an undue hardship, and when recovery is not cost-effective:

1. Real or personal property included in the estate is the sole source of income for a surviving heir and his or her spouse and related family members in his or her household and the gross income available to the surviving heir and his or her spouse and related family members in his or her household is below 200 percent of the federal poverty level.
2. Recovery would result in forced sale of the residence of a surviving heir who is living in and has continuously lived in the property since the decedent's death and who lived in the property for at least 12 months immediately prior to and on the date of the decedent's death and who would be unable to obtain an alternate residence because the gross income available to the surviving heir and his or her spouse and related family members in his or her household is below 200 percent of the federal poverty level and assets of the surviving heir and his or her spouse and related family members of his or her household are valued below twelve thousand dollars (\$12,000).

6. The State defines cost-effective as follows (include methodology/thresholds used to determine cost-effectiveness):

The total assets in the estate are below \$5,000 or the amount of Medicaid payments subject to recovery is less than \$3,000.

7. The State uses the following collection procedures (include specific elements contained in the advance notice requirement, the method for applying for a waiver, hearing and appeals procedures, and time frames involved):

At the time the claim is filed, the administrator of the estate is notified in writing that recovery will be waived when any of the following conditions are met:

- There is a surviving legal spouse, child(ren) under age 21, or a blind or disabled child(ren) of any age.
- Total assets in the estate are less than \$5,000 or the total Medicaid payments subject to recovery are less than \$3,000.
- Recovery will cause undue or substantial hardship to a surviving heir.

A claim of undue hardship must be made within 60 days of date of notice of the Medicaid claim. Each claim of undue hardship will be evaluated within 90 calendar days from the date of receipt. A written decision will be made within 10 calendar days after completing the review. If the heir disagrees, he may further appeal to the Office of Administrative Hearings (OAH) within 60 calendar days from receipt of the decision.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

- A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Social Security Act:

Service	Type Charge			Amount and Basis for Determination
	Deductible	Coinsurance	Co-Pay	
Podiatrists			X	\$3.00 per visit, based on the State's average payment of \$94.07 per visit
Outpatient			X	\$3.00 per outpatient visit, based on the State's average payment of \$311.13 per outpatient visit
Physicians			X	\$3.00 per visit, based on the State's average payment of \$110.61 per visit
Drugs			X	\$3.00 per prescription for Brand Name and Generic drugs, based on the State's average payment of \$66.93 per prescription
Dental			X	\$3.00 per visit, based on the State's average payment of \$202.56 per visit
Chiropractic			X	\$2.00 per visit, based on the State's average payment of \$33.73 per visit
Optical Supplies and Services			X	\$2.00 per visit, based on the State's average payment of \$25.21 per visit
Optometrists			X	\$3.00 per visit, based on the State's average payment of \$79.72 per visit
Non-Emergency Visit in Hospital ER			X	\$3.00 per visit, based on the State's average payment of \$247.30 per visit

TN No.: 05-016

Supersedes

TN No.: 01-26

Approval Date: 02/06/06

Effective Date: 11/01/05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

B. The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Federal limits on the services for which co-payment applies and State limits on the number of covered physicians' services and prescription drugs restricts the maximum co-payment charges. The State's scope of services is broad and eligible recipients have relatively low, if any, out-of-pocket medical expenses; therefore, all recipients subject to co-payment are able to pay the minimal charges. Should a recipient claim to be unable to pay the required co-payment, the provider may not deny him service, but may arrange for the recipient to pay the co-payment at a later date.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers must bill total charges on the claim form. The claims processing system deducts the appropriate amount of co-payment. Services excluded from co-payment are:

ICF, SNF, ICF-MR	Non-hospital Dialysis
Home Health	State-owned mental hospitals
Rural Health	Services to children under age 21
Hearing Aid	Services related to pregnancy
Ambulance	Hospital inpatient and emergency room
EPSDT	HMO and Prepaid Plan
Family Planning	
Home Community-Based Alternative Program services	
Services covered by both Medicare and Medicaid	
Other diagnostic, screening, preventive and rehabilitative services	

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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B. The method used to collect cost sharing charges for medically needy individuals:

X Providers are responsible for collecting the cost sharing charges from individuals.

— The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Federal limits on the services for which co-payment applies and State limits on the number of covered physicians' services and prescription drugs restricts the maximum co-payment charges. The State's scope of services is broad and eligible recipients have relatively low, if any, out-of-pocket medical expenses; therefore, all recipient subject to co-payment are able to pay the minimal charges. Should a recipient claim to be unable to pay the required co-payment, the provider may not deny him service, but may arrange for the recipient to pay the co-payment at a later date.

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- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below: