

State: North Carolina

Agency*	Citation(s)	Groups Covered
1902(a)(10)(E)(i) and 1905(p) of the Act	<p>A <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u></p> <p>25. Qualified Medicare beneficiaries</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);</p> <p>b. Whose income does not exceed 100 percent of the Federal poverty level; and</p> <p>e- Whose resources do not exceed the amount defined under section 1905(p)(1)(C) of the Act.</p> <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)</p>	
1902 (a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act	<p>26. Qualified disabled and working individuals --</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;</p> <p>b. Whose income does not exceed 200 percent of the Federal poverty level; and</p> <p>c. Whose resources do not exceed twice the maximum standard under SSI.</p> <p>d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.</p> <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>	

*Agency that determines eligibility for coverage.

STATE North Carolina

Agency*	Citation(s)	Groups Covered
1902(a)(10)(E)(iii), 1905 (p)(1)(C), and 1905 (p)(3)(A)(ii) of the Act	<p>A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</p> <p>27. Specified low-income Medicare beneficiaries-</p> <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income is greater than 100 percent but does not exceed 120 percent of the Federal poverty level; and c. Whose resources do not exceed the amount defined in section 1905(p)(1)(C) of the Act. 	
1902(a)(10)(E)(iv), 1905(p)(1)(C)and 1905(p)(3)(A)(ii) of the Act	<p>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</p> <p>28. Qualifying Individuals described in section 1905(a)(10)(E)(iv) of the Act</p> <ul style="list-style-type: none"> a. Who would be qualified Medicare beneficiaries described in section 1905(p)(1) of the Act except that their income exceeds the income limit established under section 1905(p)(2) of the Act and is at least 120%, but less than 135% of the official poverty line [referred to in section 105(p)(2)], and b. Whose resources do not exceed the amount defined in 1905(p)(1)(C) of the Act. 	
	<p>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</p>	

State: North Carolina

Agency*	Citation(s)	Groups Covered
	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
1634(e)	29.	Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause(i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

*Agency that determines eligibility for coverage.

TN No. 10-010
Supersedes
TN No. NEW

Approval Date 06/17/10

Effective Date 01/01/10

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR
435.210
1902(a)
(10)(A)(ii) and
1905(a) of
the Act

X 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

X The plan covers all individuals as described above and individuals up to 21.

— The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women
- Individuals under the age of ____.

42 CFR
435.211

— 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

*Agency that determines eligibility for coverage.

State/Territory: North Carolina

Agency*	Citation(s)	Groups Covered
42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (Section 9517) P.L. 101-508 (section 4732)	<p>B . <u>Optional Groups Other Than the Medically Needy</u> (Continued)</p> <p><u>X</u> 3</p>	<p>The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of The Public Health Service Act or a Managed Care Organization (MCO), or a Primary Care Case Management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in 1905(a)(4)(C).</p> <p><u>X</u> The State elects not to guarantee eligibility.</p> <p>___ The State elects to guarantee eligibility. The minimum enrollment period is <u>six</u> months (not to exceed six).</p> <p>The State measures the minimum enrollment period from:</p> <p>___ The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.</p> <p>___ The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.</p> <p>___ The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)</p>

*Agency that determines eligibility for coverage.

State/Territory: North Carolina

Agency*	Citation(s)	Groups Covered
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1932(a)(4) of B. Optional Groups Other Than the Medically
Needy (Continued)

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

Disenrollment rights are restricted for a period of ___ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a) (52)
of the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP or PCCM when, they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

State/Territory: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.217

- ___ 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

TN No: 08-013
Supersedes
TN NO: 92-11

Approval Date: 12/18/08

Effective Date: 07/01/08

HCFA ID: 7983E

State: North Carolina

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups other Than The Medically Needy (Continued)</u>	
1902(a)(10) (A)(ii)(VII) of the Act	— 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.	
	— The State covers all individuals as described above.	
	— The State covers only the following group or groups of individuals:	
	— Aged	
	— Blind	
	— Disabled	
	— Individuals under the age of-	
	— 21	
	— 20	
	— 19	
	— 18	
	— Caretaker relatives	
	— Pregnant women	

*Agency that determines eligibility for coverage.

TN No. 92-01
 Supersedes
 TN No. NEW

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7983E

State: North Carolina

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>	
42 CFR 435.220	6. Individuals who would be eligible for AFDC if their work related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.	
1902(a)(10)(A)(1i) and 1905(a) of the Act	— The State covers all individuals as described above.	
	— The State covers only the following group or groups of	
	individuals:	
	— Individuals under the age of--	
	— 21	
	— 20	
	— 19	
	— 18	
	— Caretaker relatives	
	— Pregnant women	
42 CFR 435.2 22 1902(a)(10)(A)(ii) and 1905(a)(i) of the Act	7. <u>X</u> a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age. <u>X</u> 21 — 20 — 19 — 18	

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.222

- b. Reasonable classifications of individuals described in (a) above, as follows:
 - (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - ___ (a) In foster homes (and are under the age of ___).
 - ___ (b) In private institutions (and are under the age of ___).
 - ___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _).
 - ___ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ___).
 - ___ (3) Individuals in NFs (who are under the age of ___). NF services are provided under this plan.
 - ___ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ___).

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of __). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

x

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-
- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
 - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

- 21
- 20
- 19
- X 18

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.223

X 9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
 - X Caretaker relatives
 - Pregnant women

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230

X

10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- 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 the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

- ___ (1) All aged individuals.
- ___ (2) All blind individuals.
- ___ (3) All disabled individuals.

TN No. 94-36
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TN No. 92-01

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HCFA ID: 7983E

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

<u>X</u>	(4)	Aged individuals in adult care homes or other group living arrangements as defined under SSI.
42 CFR 435.230	<u>X</u>	(5) Blind individuals in adult care homes or other group living arrangements as defined under SSI.
	<u>X</u>	(6) Disabled individuals in adult care homes or other group living arrangements as defined under SSI.
	—	(7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	—	(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	—	(9) Individuals in additional classifications approved by the Secretary as follows:

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

435.121 1902(a)(10) (A)(ii)(XI) of the Act	— 11. <u>Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.</u>	<p>The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—</p> <ul style="list-style-type: none">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 the supplement.c. Available to all individuals in each classification and available on a Statewide basis.d. Paid to one or more of the classifications of individuals listed below:<ul style="list-style-type: none">— (1) All aged individuals.— (2) All blind individuals.— (3) All disabled individuals.
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STATE North Carolina

Agency*	Citation(s)	Groups Covered
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Agency*	Citation(s)	Groups Covered
1902(a)(10) (A)(ii)(X) and 1902(m) (1) and (3) of the Act, P.L. 99-509	<u>X</u> 14.	In addition to individuals covered under item B.7(a), individuals-- (a) Who are 65 years of age or older or are disabled--
(Section 9402(a) and (b))	<u>X</u>	As determined under section 1614(a)(3)of the Act; or
	—	As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.
	(b)	Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and
	(c)	Whose resources do not exceed the maximum amount allowed--
	<u>X</u>	Under SSI;
	—	Under the State's more restrictive financial criteria; or
	—	Under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A.</u>

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
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1902(a)(47)
and 1920 of the
Act, P.L. 99-509
(Section 9407)

15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under ATTACHMENT 2.6-A who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.

C. Optional Coverage of the Medically Needy

435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1. Pregnant women who, except for income and resources, would be eligible as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 87-18
Supersedes
TN No. 87-5

Approval Date 1/5/88

Effective Date 10/1/87

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in adult care homes or other group living arrangements as defined under SSI.
- (5) Blind individuals in adult care homes or other group living arrangements as defined under SSI.
- (6) Disabled individuals in adult care homes or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

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(BPD)

ATTACHMENT 2.2-A
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OMB NO.: 0938

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 94-36
Supersedes
TN No. 92-01

Approval Date 5-18-95

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State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.231 1902(a)(10) (A)(ii)(V) of the Act	— 12.	Individuals who are in institutions for a least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> .
	—	The State covers all individuals as described above.
	—	The State covers only the following group or groups of individuals:
1902(a)(10)(A) (ii) and 1905(a) of the Act	—	Aged
	—	Blind
	—	Disabled
	—	Individuals under the age of-
	—	21
	—	20
	—	19
	—	18
	—	Caretaker relatives
	—	Pregnant women

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
 (Continued)

1902(e)(3)
 of the Act

—

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
 (A)(ii)(IX)
 and 1902(l)
 of the Act

X

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
 (Continued)

1902(a)
 (10)(A)
 (ii)(IX)
 and 1902(l)(1)
 (D) of the Act

—

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

— 7 years of age; or

— 9 years of age.

N/A --A mandatory group.
 See A.9.b.

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
 (Continued)

1902(a)
 (ii)(X)
 and 1902(m)
 (1) and (3)
 of the Act

X

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; or under the State's medically needy program as specified in Supplement 2 to ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(a)(47) and 1920 of the Act	<u>X</u> 17. Pregnant women who are determined by a "qualified provider" (as defined in 1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to presumptively eligible during a presumptive eligibility period in accordance with 1920 of the Act.

State/Territory: North Carolina

Citation	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group health plans remain <u>eligible</u> for a minimum enrollment period of <u>6</u> months.
1902(a)(10)(F) and 1902(u)(1) of the Act	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(A) —
(ii)(XIV) of
the Act

20. Optional Targeted Low Income
Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spend-down liability):
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on March 3, 1997 (other than because of the age Expansion provided for in S1902(1) (2) (D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in S2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program:
- d. have family income at or below 200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in S2110 (b) (4) of the Act) but by no more than 50 percentage points.

The State covers:

___ All children described above who are under age ___ (18, 19) with family income at or below ___ percent of the Federal poverty level.

___ The following reasonable classification of children described above who are under age ___ *17m 18(with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S)
OF THE REASONALBE
CLASSIFICATIONS(S) AND THE
PERCENT OF THE FEDERAL POVERTY
LEVEL USED TO ESTABLISH
ELIGIBILITY FOR EACH
CLASSIFICATION.)

- | | | | |
|------------------------|----------|-----|--|
| 1902(e)(12) of the Act | <u>X</u> | 21. | A child under age <u>19</u> (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of <u>12</u> months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above. |
| 1920A of the | ___ | 22. | Children under age 19 who are determined Act by a qualified entity” (as defined in S1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. |

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child’s behalf by the last day of the month following the month is which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child’s behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

STATE: NORTH CAROLINA

Citation	Group Covered
1902 (a) (10) (A) (ii) (XVIII) of the Act	<p data-bbox="662 470 1382 537">B. <u>Optional Coverage Other Than the Medically Needy (Continued)</u></p> <p data-bbox="573 569 922 604"><u>X</u> 23. Women who:</p> <ul style="list-style-type: none"> <li data-bbox="760 636 1481 905">a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix; <li data-bbox="760 940 1409 1041">b. Are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act; <li data-bbox="760 1077 1463 1144">c. Are not eligible for Medicaid under any mandatory categorically needy eligibility group; and <li data-bbox="760 1180 1157 1209">d. Have not attained age 65.

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STATE: North Carolina

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy
(Continued)

1920B of the Act ___ 24. Women who are determined by a "qualified entity" as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

1902(a)(10)(A) X 25. Independent foster care adolescents who are in foster care under the
(ii)(XVII) of the Act the responsibility of the North Carolina Department of Health and Human Services on their 18th birthday. Medicaid eligibility continues until age 21 without regard to income or resources.

State/Territory: North Carolina

Citation	Condition or Requirement
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1902(a)(10)(A) (ii)(XIII) of the Act	<input type="checkbox"/> 23. BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of <u>ATTACHMENT 2.6-A.</u>
1902(a)(10)(A) (ii)(XV) of the Act	<input checked="" type="checkbox"/> 24. TWWIIA Basic Coverage Group – Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of <u>ATTACHMENT 2.6-A.</u>
1902(a)(10)(A) (ii)(XVI) of the Act	<input checked="" type="checkbox"/> 25. TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of <u>ATTACHMENT 2.6-A.</u>

NOTE: If the State elects to cover this group, it MUST also cover the eligibility group described in No. 24 above.

TN No: 08-017Approval Date: 03/16/09Effective Date: 11/01/2008

Supersedes

TN No: NEW

CMS ID:



Medicaid Eligibility

State Name: North Carolina
Transmittal Number: NC-14-0005

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services

S59

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

- The individual may be a male or a female.
- Income standard used for this group
- Maximum income standard

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 this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

- The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
- The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.
- The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
- The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: % FPL

Income standard chosen

The state's income standard used for this eligibility group is:

- The maximum income standard
- Another income standard less than the maximum standard allowed.

The amount of the income standard is: % FPL

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10MAGI-Based Income Methodologies, completed by the state.



Medicaid Eligibility

- In determining eligibility for this group, the state uses the following household size:
 - All of the members of the family are included in the household
 - Only the applicant is included in the household
 - The state increases the household size by one

- In determining eligibility for this group, the state uses the following income methodology:
 - The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
 - The state considers only the income of the applicant.

- Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.

- Presumptive Eligibility

The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.

Yes No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

V.20140415

Revision:

CMS-PM-

ATTACHMENT 2.2-A

Page 23g

OMB No.:

State/Territory: North Carolina

Citation

Groups Covered

PLACE HOLDER

(CURRENT PAGE IS SUPERSEDED BY PDF “S59 PAGE 1 & PAGE 2)

TN. No. 14-001

Supersedes

TN. No. 13-004

Approval Date:06-06-14

Effective Date: 01/01/2014

Revision:

CMS-PM-

ATTACHMENT 2.2-A

Page 23h

OMB NO.:

State: North Carolina

Citation

Groups Covered

In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

TN. No. 11-040

Supersedes

TN. No. NEW

Approval: 09-21-12

Effective Date: 10/01/2011

State: North Carolina

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

State: North Carolina

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy
 (Continued)

1902(e)(4) of the Act	4.	Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible** for one year so long as the woman remains eligible and the child is a member of the woman's household.														
42 CFR 435.308	5. <u>X</u>	<p>a. Financially eligible individuals who are not described in section C.3. above and who are under the age of</p> <table style="margin-left: 20px;"> <tr><td><u>X</u></td><td>21</td></tr> <tr><td>—</td><td>20</td></tr> <tr><td>—</td><td>19</td></tr> <tr><td>—</td><td>18</td></tr> </table> <p>b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:</p> <table style="margin-left: 20px;"> <tr> <td>—</td> <td>(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:</td> </tr> <tr> <td>—</td> <td>(a) In foster homes (and are under the age of __).</td> </tr> <tr> <td>—</td> <td>(b) In private institutions (and are under the age of __).</td> </tr> </table>	<u>X</u>	21	—	20	—	19	—	18	—	(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:	—	(a) In foster homes (and are under the age of __).	—	(b) In private institutions (and are under the age of __).
<u>X</u>	21															
—	20															
—	19															
—	18															
—	(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:															
—	(a) In foster homes (and are under the age of __).															
—	(b) In private institutions (and are under the age of __).															

TN No. 92-01
 Supersedes
 TN No. NEW

Approval Date 10-21-92

Effective Date. 1/1/92
 HCFA ID: 7983E

** or would remain eligible if she were pregnant

State: North Carolina

Agency*	Citation(s)	Groups Covered
<p>C. <u>Optional Coverage of Medically Needy</u> (Continued)</p>		
—	(c)	In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _).
—	(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ___).
—	(3)	Individuals in NFs (who are under the age of ___). NF services are provided under this plan.
—	(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ___).
—	(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
—	(6)	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A.</u>

State: North Carolina

Agency*	Citation(s)	Groups Covered
	C.	<u>Optional Coverage of Medically Needy</u> (Continued)
42CFR435.310	<u>X</u> 6.	Caretaker relatives.
42CFR435.320 and 435.330	<u>X</u> 7.	Aged individuals.
42CFR435.322 and 435.330	<u>X</u> 8.	Blind individuals.
42CFR435.324 and 435.330	<u>X</u> 9.	Disabled individuals.
42CFR435.326	— 10.	Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340	11.	Blind and disabled individuals who: <ul style="list-style-type: none"> a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

State: North Carolina

Agency*	Citation(s)	Groups Covered
1906 of the Act	C. <u>Optional Coverage of Medically Needy</u> Continued) 12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of <u>6</u> months.	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE PRESCRIPTION
DRUG LOW-INCOME SUBSIDIES

Agency*	Citation(s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. <ol style="list-style-type: none"><li data-bbox="570 814 1466 913">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;<li data-bbox="570 947 1466 1014">2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;<li data-bbox="570 1050 1466 1180">3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

TN No. 05-011
Supersedes
TN No. New

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