1	10A NCAC 23E .0210 is proposed for readoption without substantive changes as follows:			
2				
3	10A NCAC 23	E .0210 PATIENT LIABILITY		
4	(a) Patient liability shall apply to clients who live in facilities for skilled nursing, intermediate nursing, intermediate			
5	care facility for	individuals with an intellectual disability, nursing for mental retardation or other medical institutions.		
6	(b) The client's	(b) The client's patient liability for cost of care shall be computed as a monthly amount after deducting the following		
7	from his <u>or her</u> total income:			
8	(1)	An amount for his or her personal needs as established under the Medicaid State Plan; Rule .0204		
9		of this Section;		
10	(2)	Income given to the community spouse to provide him or her a total monthly income from all		
11		sources, equal to the "minimum monthly maintenance needs allowance" as defined in 42 U.S.C.		
12		1396r-5(d)(3)(A); 1396r-5(d)(3)(A)(i);		
13	(3)	Income given to family members described in 42 U.S.C. 1396r-5(d)(1), to provide each, from all		
14		sources of income, a total monthly income equal to:		
15		(A) One-third of the amount established under 42 U.S.C. 1396r-5(d)(3)(A)(i); or		
16		(B) Where there is no community spouse, an amount for the number of dependents, based on		
17		the income level for the corresponding budget unit number, as approved by the NC General		
18		Assembly and stated in the Appropriations Act for categorically and medically needy		
19		classifications;		
20	(4)	The income maintenance level provided by 42 U.S.C. 1396r-5(d)(3)(A)(i) or State statute for a		
21		single individual in a private living arrangement with no spouse or dependents at home, for whom		
22		the physician of record has provided a written statement that the required treatment is such that the		
23		patient is expected to return home within six months, shall be allowed by the county department of		
24		social services; allowed; and		
25	(5)	An amount for unmet medical needs as determined under Paragraph (f) of this Rule.		
26	(c) Patient liabi	(c) Patient liability shall apply to institutional charges incurred from the date of admission or the first day of the month		
27	as appropriate and shall not be prorated by days if the client lives in more than one institution during the month.			
28	(d) The county department of social services shall notify the client, the institution, the institution and the State state			
29	of the amount of	of the amount of the monthly liability and any changes or adjustments.		
30	(e) When the patient liability as calculated in Paragraph (b) of this Rule exceeds the Medicaid reimbursement rate for			
31	the institution for a <u>31-day</u> 31 day month :			
32	(1)	The patient liability shall be the institution's Medicaid reimbursement rate for a 31-day 31 day month		
33		and; month;		
34	(2)	The client shall be placed on a deductible determined in accordance with Federal regulations,		
35		regulations and Rules .0208 and .0209 of this Section Section, and the Medicaid State Plan. 10A		
36		NCAC 23G .0101.		
37	(f) The amount	t deducted from income for unmet medical needs shall be determined as follows:		

1	(1)	Unmet medical needs shall be the costs of:
2		(A) Medical care covered by the program but that exceeds limits on coverage of that care and
3		that is not subject to payment by a third party;
4		(B) Medical care recognized under State and Federal tax law that is not covered by the program
5		and that is not subject to payment by a third party; and
6		(C) Medicare and other health insurance premiums, deductibles, or coinsurance charges that
7		are not subject to payment by a third party.
8	(2)	The amount of unmet medical needs deducted from the patient's monthly income shall be limited to
9		monthly charges for Medicare and other health insurance premiums.
10	(3)	The actual amount of incurred costs which that are the patient's responsibility shall be deducted
11		when reported from the patient's liability for one or more months.
12	(4)	Incurred costs shall be reported by the end of the six-month six month Medicaid certification period
13		following the certification period in which they were incurred.
14		
15	History Note:	Authority G.S. 108A-54; <u>108A-54.1B</u> ; <u>42 C.F.R. 435.732</u> ; 42 C.F.R. 435.733; 42 C.F.R. 435.831;
16		42 C.F.R. 435.832; 42 U.S.C. 1396r-5;
17		Eff. September 1, 1984;
18		Amended Eff. September 1, 1994; March 1, 1991; August 1, 1990; March 1, 1990;
19		Transferred from 10A NCAC 21B .0407 Eff. May 1, <u>2012;</u> 2012.
20		Readopted Eff. May 1, 2019.
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