

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

December 16, 2021

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2021- 0025

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 2.2-A, Pages 22, 23f, 24, 26; Attachment 2.6-A, Pages 1, 2, 5(b), 5(b-1), 6, 6a, 7, 7a, 12d, 12h, 12n and Supplement 1 to Attachment 2.6-A, Pages 4(A), 8, 9.

This state plan amendment will allow Medicaid to raise the eligibility for participation to 300% of the FPL (from 100% of the FPL currently in place) as part of the TBI Waiver Renewal process. This would allow NC Medicaid to cover more people with traumatic brain injuries, the bills for which can be devastating for a patient or family. This change would only apply to the TBI Waiver population, which is capped at 107 people.

Currently NC Medicaid has filled 50 TBI waiver slots, leaving a maximum of 57 slots that could be increased. This impact estimates the effect of filling all these remaining slots. One additional cost is that one member of current waiver group is on a 'spend-down' plan. (In which they spend monthly income on their own medical expenses until their remaining income is under the eligibility requirement, at which point Medicaid pays the remainder). With this change members will no longer have to do so, resulting in a minor spending increase that will not significantly change the impact beyond what is modeled in the numbers above.

This amendment is effective October 1, 2021.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-538-3215.

Sincerely,

A handwritten signature in black ink that reads "Mandy K. Cohen".

Mandy Cohen, MD, MPH
Secretary

Enclosures

NC - Submission Package - NC2021MS0001D - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

| | | | |
|-----------------------|---------------|------------------------|-------------|
| Package ID | NC2021MS0001D | Submission Type | Draft |
| Program Name | N/A | State | NC |
| Version Number | 1 | Region | Atlanta, GA |
| | | Package Status | Pending |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Package Header

Package ID NC2021MS0001D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

State Information

State/Territory Name: North Carolina

Medicaid Agency Name: Division of Medical Assistance

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

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Executive Summary

Summary Description Including Goals and Objectives NC is adding income disregards for the Traumatic Brain Injury Waiver population, authorized under 1902(r)(2) to eligibility groups that are already covered in our State Plan, to make the effective income level up to 300% of the FPL.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|-----------|
| First | 2022 | \$3259619 |
| Second | 2023 | \$2902847 |

Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Submission - Summary

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Governor's Office Review

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

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Income/Resource Methodologies

- Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|---|--|-------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | (| NEW |

- MAGI-Based Methodologies

- Non-MAGI Methodologies

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|------------------------|--|-------------|
| Non-MAGI Methodologies | (| NEW |

- More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

- Income/Resource Standards

- AFDC Income Standards

- Medically Needy Income Level

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|------------------------------|--|-------------|
| Medically Needy Income Level | (| NEW |

- Handling of Excess Income (Spenddown)

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|---------------------------------------|--|-------------|
| Handling of Excess Income (Spenddown) | (| NEW |

- Medically Needy Resource Level

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|----------------------|--|-------------|
| | | |

| | |
|--------------------------------|--|
| Reviewable Unit Name | Included in Another Source Type Submission Package |
| Medically Needy Resource Level | (NEW |

Mandatory Eligibility Groups

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|------------------------------|--|
| Mandatory Eligibility Groups | (CONVERTED |

Optional Eligibility Groups

| Reviewable Unit Name | Included in Another Source Type Submission Package |
|-----------------------------|--|
| Optional Eligibility Groups | (CONVERTED |

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
 No
- a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- Yes
 No

5. For the selected FPL eligibility groups, family size is defined as follows:

- a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

Optional description:

- b. The state uses another definition of family.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

Yes

No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Approval Date | N/A | Effective Date | N/A |
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A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

Yes

No

3. The level used is:

| Household size | Standard |
|----------------|----------|
| 1 | \$242.00 |
| 2 | \$317.00 |
| 3 | \$367.00 |
| 4 | \$400.00 |
| 5 | \$433.00 |
| 6 | \$467.00 |
| 7 | \$500.00 |
| 8 | \$525.00 |

The state uses an additional incremental amount for larger household sizes.

Yes

No

The dollar amounts increase automatically each year

Yes

No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
 - i. 6 months
 - ii. 5 months
 - iii. 4 months
 - iv. 3 months
 - v. 2 months
 - vi. 1 month
- b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
24 months
 - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

Yes

No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

Yes

No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Package Header

Package ID NC2021MS0001D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

B. Resource Level Used

The level used is:

| Household size | Standard |
|----------------|-----------|
| 1 | \$2000.00 |
| 2 | \$3000.00 |

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D











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| Superseded SPA ID | NC-14-0005 | | |
| | 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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Parents and Other Caretaker Relatives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Pregnant Women |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Deemed Newborns |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Former Foster Care Children |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Transitional Medical Assistance |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Extended Medicaid due to Spousal Support Collections |  | <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  |
|---|---|--------------------------|---|--|---|
| SSI Beneficiaries |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Closed Eligibility Groups |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Deemed To Be Receiving SSI |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Working Individuals under 1619(b) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Medicare Beneficiaries |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Disabled and Working Individuals |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Specified Low Income Medicare Beneficiaries |  | <input 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  |
|------------------------|---|--------------------------|---|--|---|
| Qualifying Individuals |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Package Header

| | | | |
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| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | NC-14-0005 | | |
| | System-Derived | | |

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

Yes No

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:

- Adult Group

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

Package Header

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| Package ID | NC2021MS0001D | SPA ID | N/A |
| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Group No Longer Covered

Covered Through  Not Yet Entered

Terminated As Of  Not Yet Entered

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Working Individuals under 1619(b)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Individuals who have blindness or a disability who participated in Medicaid as SSI beneficiaries or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.

Package Header

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| Package ID | NC2021MS0001D | SPA ID | N/A |
| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

The state covers the working individuals under 1619(b) mandatory eligibility group in accordance with the following provisions:

A. Characteristics

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

- In the month preceding the month of qualification under this group:
 - Received SSI or state supplement; and
 - Were eligible for Medicaid under the state plan.
- Continue to have blindness or a disability.
- Continue to meet all non-disability-related requirements for eligibility for SSI or state supplement.
- Would qualify for SSI or State Supplement, except for earned income.
- For whom the loss of eligibility for Medicaid would seriously inhibit the individual's ability to continue or obtain employment.
- For whom the individual's earnings are not sufficient to provide a reasonable equivalent of SSI (including state supplement), Medicaid, and publicly funded attendant care services.

Working Individuals under 1619(b)

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

B. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | NC-14-0005 | | |
| | 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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Children with Non-IV-E Adoption Assistance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Independent Foster Care Adolescents | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Optional Targeted Low Income Children | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals above 133% FPL under Age 65 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Needing Treatment for Breast or Cervical Cancer | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Family Planning Services | | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Cash Except for Institutionalization | | <input 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  |
|--|---|--------------------------|---|--|---|
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals in Institutions Eligible under a Special Income Level |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| PACE Participants |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Work Incentives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Basic |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Medical Improvements |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| 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

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Package Header

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | NC-14-0005 | | |
| | System-Derived | | |

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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Children under Age 18 | | <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 |
|---|--|--------------------------|--------------------------|--|-------------|
| Protected Medically Needy Individuals Who Were Eligible in 1973 | | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Parents and Other Caretaker Relatives | | <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 |
|---|--|--------------------------|--------------------------|--|-------------|
| Medically Needy Populations Based on Age, Blindness or Disability | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | NC-14-0005 | | |
| | System-Derived | | |

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

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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

Package Header

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|--------------------------|---------------|--------------------------------|-----|
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| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

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| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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

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

- Yes
 No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Package Header

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Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

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 | NC2021MS0001D

Package Header

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

Package Header

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|-----|
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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

Package Header

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| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

Package Header

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| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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

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

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - A higher amount is disregarded: **Amount:** \$1500.00
- The value of a countable life insurance policy is disregarded. **Description of disregard:** 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.
- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.
 - The value of a countable motor vehicle is totally disregarded, without limits or conditions. One motor vehicle More than one motor vehicle
- The state uses a less restrictive methodology with respect to the treatment of otherwise countable refunds.
 - State tax refunds **Description:** Exclude all other Federal and State tax refunds for 12 calendar months beginning the month the refund or payment is received,
 - Federal tax refunds **Description:** Exclude all other Federal and State tax refunds for 12 calendar months beginning the month the refund or payment is received,
- Household goods and services are disregarded as a resource. **Description of disregard:** The value of personal effects and household goods are not counted.
- Lump sums are disregarded as a resource.
 - Proceeds from a settlement
 - Specified type of lump sum:

| Name of lump sum type: | Description: |
|-------------------------|---|
| Social Security and SSI | Social Security (RSDI) and SSI Exclude any portion of the lump sum of SSI or RSDI from resources for the 9 calendar months following the month of receipt. This includes SSA/SSI lump sums that are prorated and paid out over a period of time. |

| Name of lump sum type: | Description: |
|---|--|
| Federal Disaster Relief | Federal Disaster Relief Permanently exclude payments from Federal Disaster Relief and Emergency Assistance Act of 1974 (Public Law 93-288), or some other Federal statute because of a presidentially declared major disaster. |
| Cash and In-kind Receipts for Replacement or Repair of Lost, Damaged, or Stolen Excluded Resources: | Exclude for 9 months from the date of receipt. Extend the exclusion for up to an additional 9 months for cash receipts if, for the first 9 months, circumstances beyond the a/b's control: |
| Victims' Compensation Payments | Exclude payments from a fund established by a state to aid victims of crime from resources for 9 months from date of receipt. (1) To be excluded, the a/b must demonstrate that the payment was compensation for expenses incurred or losses suffered as the result of crime. (2) Do not exclude interest earned from income or resources. |
| Child Tax Credit (CTC), North Carolina Earned Income Tax Credit (NC EITC) and Federal Earned Income Tax Credit (EITC) | Exclude refunds of Child Tax Credit (CTC), North Carolina Earned Income Tax Credit (NC EITC), and Federal Earned Income Tax Credit (EITC) for 12 calendar months beginning the month the refund or payment is received. |
| Federal and State tax refunds | Exclude all other Federal and State tax refunds for 12 calendar months beginning the month the refund or payment is received, |

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.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Superseded SPA ID | N/A | | |

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

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

Package Header

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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 \$26076.00

Couple \$26076.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

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| Superseded SPA ID | N/A | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|-----|
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| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. 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 | NC2021MS0001D

Package Header

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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

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

- Yes
- No

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

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| Superseded SPA ID | N/A | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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

Package Header

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| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. 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 | NC2021MS0001D

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|-----|
| Package ID | NC2021MS0001D | SPA ID | N/A |
| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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 | NC2021MS0001D

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| Submission Type | Draft | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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

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

- Yes
- No

Medically Needy Reasonable Classifications of Individuals under Age 21

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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 | NC2021MS0001D

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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

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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:

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
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 Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Superseded SPA ID | N/A | | |

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

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

- Yes
- No

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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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 Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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

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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 | NC2021MS0001D

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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

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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| Superseded SPA ID | N/A | | |

C. Financial Methodologies

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

- Yes
 No

2. The financial methodology used is:

Age 65 or older

- 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:

The difference between one income standard and another is disregarded.

Between the following percent ages of the FPL:

FPL 300.00%

Between the medically needy income limit and a percent age of the FPL:

Between the SSI Federal Benefit Rate and:

Between other income standards:

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

- Yes No

Individuals with blindness

- 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:

The difference between one income standard and another is disregarded.

FPL 300.00%

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percent age of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

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

Yes No

Individuals with disability

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:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percent age of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

FPL 300.00%

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

Yes No

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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D. Income Standard Used

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

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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E. Resource Standard Used

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

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NC2021MS0001D

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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.

Medically Needy Populations Based on Age, Blindness or Disability

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G. Additional Information (optional)

Income disregard between the medically needy income level and 300% of the Federal income poverty level. This applies to Aged, Blind & Disabled who are eligible under the Traumatic Brain Injury Waiver program. This disregard does not apply to all medically needy eligible individuals.

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