

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

December 13, 2023

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 #2023-0048

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.

This State Plan Change will increase the personal needs allowance for individual Medicaid recipients who are institutionalized from thirty dollars (\$30.00) to seventy dollars (\$70.00) and from sixty dollars (\$60.00) to one hundred forty dollars (\$140.00) for married couples who are Medicaid recipients when both spouses are institutionalized.

The proposed effective date of the SPA is January 01, 2024.

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,

DocuSigned by:

06565C1C2A8F4C8...

Jay Ludlam
Deputy Secretary

Enclosures

Revision HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 4a

OBM No.:0938-0673

State: North Carolina

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>70</u> Couples \$ <u>140</u></p> <p>For the following persons with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>70</u> Adults \$ <u>70</u></p> <p>For the following persons with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2-A</u>. <u>\$70</u></p>

TN No. 23-0048
Supersedes
TN No. 98-03

Approval Date

Effective Date: 01/01/2024