

June 21, 2010

Craigan Gray, MD, MBA, JD Director Division of Medical Assistance North Carolina Department of Health and Human Services 2501 Mail Service Center Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal #10-011

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan that was submitted under transmittal number 10-011 and received in the Regional Office on March 19, 2010. The state plan revision will implement changes in the income eligibility for MQB-Q, MQB-B, MQB-W and MWD eligibility groups according to policy used in the Supplemental Security Income (SSI) program. SSI policy for determining income eligibility employs a 'deeming' methodology. Following this methodology, the first step in determining income eligibility for an applicant/recipient who is married and living with his/her spouse, who is neither an applicant nor a recipient, is to compare the applicant's countable income to the income limit for one, ignoring the needs of the spouse. If the applicant's income exceeds the income limit for one, he or she is ineligible regardless of the spouse's situation.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 10-011 was approved on June 17, 2010. The effective date of this amendment is February 1, 2010. We are enclosing the approved form HCFA-179 and plan page.

If you have any questions or need any further assistance, please contact Sally Brown at (404) 562-7352 or Elaine Elmore at (404) 562-7408.

Sincerely,

/s/

Jackie Glaze Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2, STATE
STATE PLAN MATERIAL		
	10-011	NC
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):	February 1, 2010	
J. THE OFFLAN MATENIAL (Check One).		
🗌 NEW STATE PLAN 🛛 AMENDMENT TO BE	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM		ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
0	a. FFY 2010 \$1,008,555	
Sections 1902(a)(10)(E) and 1902(r)(2) of the Act 8. PAGE NUMBER OF THE PLAN SECTION OR	b. FFY 2011 \$2,119,138	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Supplement 8A to Attachment 2.6-A, Page 2	Supplement 8A to Attachment 2.6-A, Page 2	
		-,,
10. SUBJECT OF AMENDMENT:		
Income eligibility for MQB-Q, MQB-B, MQB-E, and MWD.		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	OTHER, AS SPECIFIED): SECRETARY
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
-B. TYPED NAME:	Office of the Secretary	
Lanier M. Cansler	Department of Health and Human Services	
14. TITLE:	2001 Mail Service Center	
Secretary	Raleigh, North Carolina 27699-2001	
15. DATE SUBMITTED:]	
3/18/2010	OFFICE USE ONLY	
17. DATE RECEIVED: 3/18/10	18. DATE APPROVED:	
	ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. STGNATURE OF REGIONAL OF	FFICIAL:
21. TYPED NAME: TACKIE L. GLAZE 23. REMARKS:	175505. REGIONAL	ADMINISTRATOF

State Plan Under Title XIX of the Social Security Act

State: North Carolina

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

 $\underbrace{X} \\ For 1902(r)(2) mandatory eligibility groups 1902 (a)(10)(A)(i)(III), 1902 (a)(10)(A)(i)(IV), 1902 (a)(10)(A)(i)(VI), 1902 (a)(10)(A)(i)(VII) and; For optional groups 1902 (a)(10)(C)(i)(III), 1902 (a)(10)(A)(ii)(I), 1902 (a)(10)(A)(ii)(IX), 1902 (a)(10)(A)(ii)(XV), 1902 (a)(10)(A)(ii)(XV), 1902 (a)(10)(A)(ii)(XV), 1902 (a)(10)(A)(ii)(XVI), and;$

For 1905(p) groups 1902(a)(10)(E)(i), 1902(a)(10)(E)(ii), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv):

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

- <u>X</u> The following income policy applies to the following groups of Medicaid eligibles:
 - Qualified Medicare Beneficiaries, 1902(a)(10)(E)(i) and 1905(p)(1) of the Act
 - Qualified Disabled and Working Individuals, 1902(a)(10)(E)(ii) and 1905(s) of the Act
 - Specified Low-Income Medicare Beneficiaries, 1902(a)(10)(E)(iii) of the Act
 - Qualifying Individuals, 1902(a)(10)(E)(iv)

Instead of the SSI methodology of determining income eligibility of an individual through deeming of income from ineligible individuals to eligible individuals, the State shall employ an income limit which is the appropriate percentage of poverty, for each of the groups listed above, for the number in the family.

The family shall consist of:

- The individual applying for assistance under one of the groups listed above and,
- If residing in the home with the individual, the following individuals:
 - The individual's spouse,
 - The individual's children and step-children under age 18, and
 - If the individual is under age 18, his parents and their ineligible children;

Except for those individuals receiving public income maintenance payments.

Because all family members to whom income would be allocated are counted in determining the income limit, no income will be allocated to family members in the home. Only the income of those who are financially responsible for the individual under 1902(a)(17) of the Act shall be counted.

Should applying this policy cause an individual to be ineligible in one of the eligibility groups listed above, the State shall determine his eligibility for the group using the SSI income deeming methodology.

TN No: <u>10-011</u> Supersedes TN No: <u>08-017</u> Approval Date: <u>06/17/10</u>

Effective Date: 02/01/2010