

**JOINT LEGISLATIVE OVERSIGHT COMMITTEE
ON MEDICAID AND NC HEALTH CHOICE**

Medicaid and NC Health Choice Eligibility

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Who receives Medicaid?

Parents and children with low incomes	Children with non-IV-E Adoption Assistance
Working parents who receive Transitional Medical Assistance	Independent foster care adolescents
Children with Title IV-E Adoption Assistance, Foster Care, or Guardianship Care	Individuals with low incomes receiving Home and Community Based Services (HCBS) through waivers
Pregnant women with low incomes	Certain women needing treatment for Breast or Cervical Cancer (BCCCP)
Infants and children aged 0-18 in families with low incomes	Individuals eligible for Family Planning Only Services based on low incomes
Individuals receiving Supplemental Security Insurance (SSI)	Individuals with low incomes and high health care expenditures (Medically Needy/Spend Down)
Adults aged 65 and older with low incomes	Any mandatory group at a higher income level
Adults with disabilities with low incomes	
Adults with disabilities who work but still have low incomes	
Qualified Medicare beneficiaries with low incomes	
Former NC Foster Care Children up to age 26	

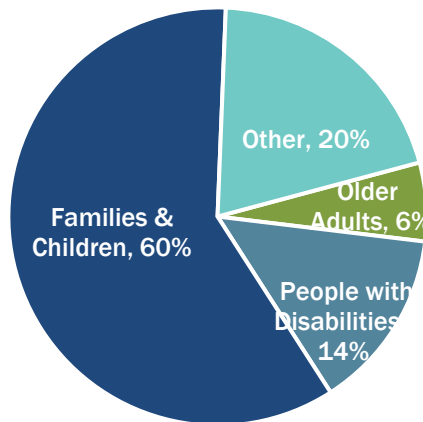
Who receives Medicaid?

GROUP	BENEFITS	MONTHLY INCOME LIMIT
Older Adults > 65 People with blindness People with disabilities	Full Medicaid coverage	100% of Poverty Level 1 - \$1,041 2 - \$1,410
Parents/caretakers of children <18, individuals aged 19 and 20	Full Medicaid coverage	~43% of Poverty Level 1 - \$434 2 - \$569 3 - \$667
Children <6	Full Medicaid coverage	210% of Poverty Level 1 - \$2,186 2 - \$2,960 3 - \$3,733
Children >6	Full Medicaid Coverage	133% of Poverty Level 1 - \$1,385 2 - \$1,875 3 - \$2,365

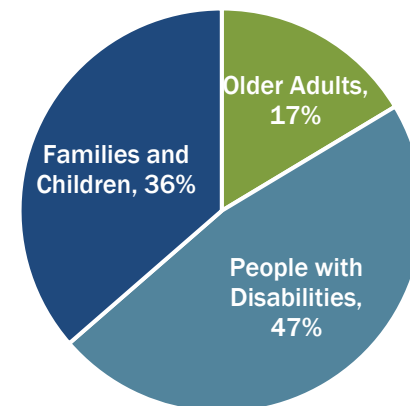
Medicaid Service Expenditures by Group

Eligibility Group	Total Service Dollars	% of Service Dollars	Total Recipients	SFY 2019 Expenditures/ Recipient
Older Adults	\$1,890,488,620	16.24%	184,210	\$10,263
People with Disabilities	\$5,445,852,838	46.78%	360,371	\$15,112
Families and Children	\$4,197,155,227	36.05%	2,173,065	\$1,931

Percent of Beneficiaries



Percent of Service Dollars



Source: SFY 2019 Medicaid Annual Report Tables, <https://dma.ncdhhs.gov/annual-reports-and-tables-0>

Medically Needy Eligibility

- Optional eligibility category for individuals with significant health needs whose income is too high to otherwise qualify for Medicaid
- States can offer medically needy programs
 - With or without spend down deductibles
 - Only for older Americans, people who are blind or have disabilities who meet Social Security Income (SSI) eligibility standards

Medically Needy Eligibility

- Individuals “spend down” to the state’s medically needy income level by incurring and paying for expenses for medical and remedial care for which they do not have health insurance
- Individuals are responsible for payment of expenses to meet the “spend down” deductible
- Medicaid pays the cost of services that exceed the expenses the individual had to incur to become eligible
- Roughly 90% of Medically Needy beneficiaries are individuals on Medicare who have high health costs due to skilled nursing facility stays

Medically Needy Eligibility

- Deductibles are determined for up to 6 months
 - Once the deductible is met, Medicaid is active for the remainder of the 6 month period
 - Deductible may also be only for retro month(s)
- Individuals must meet all other Medicaid eligibility requirements except income
- There is a resource limit for individuals at application
 - \$2,000 for individuals
 - \$3,000 for couples and families

Medically Needy Eligibility

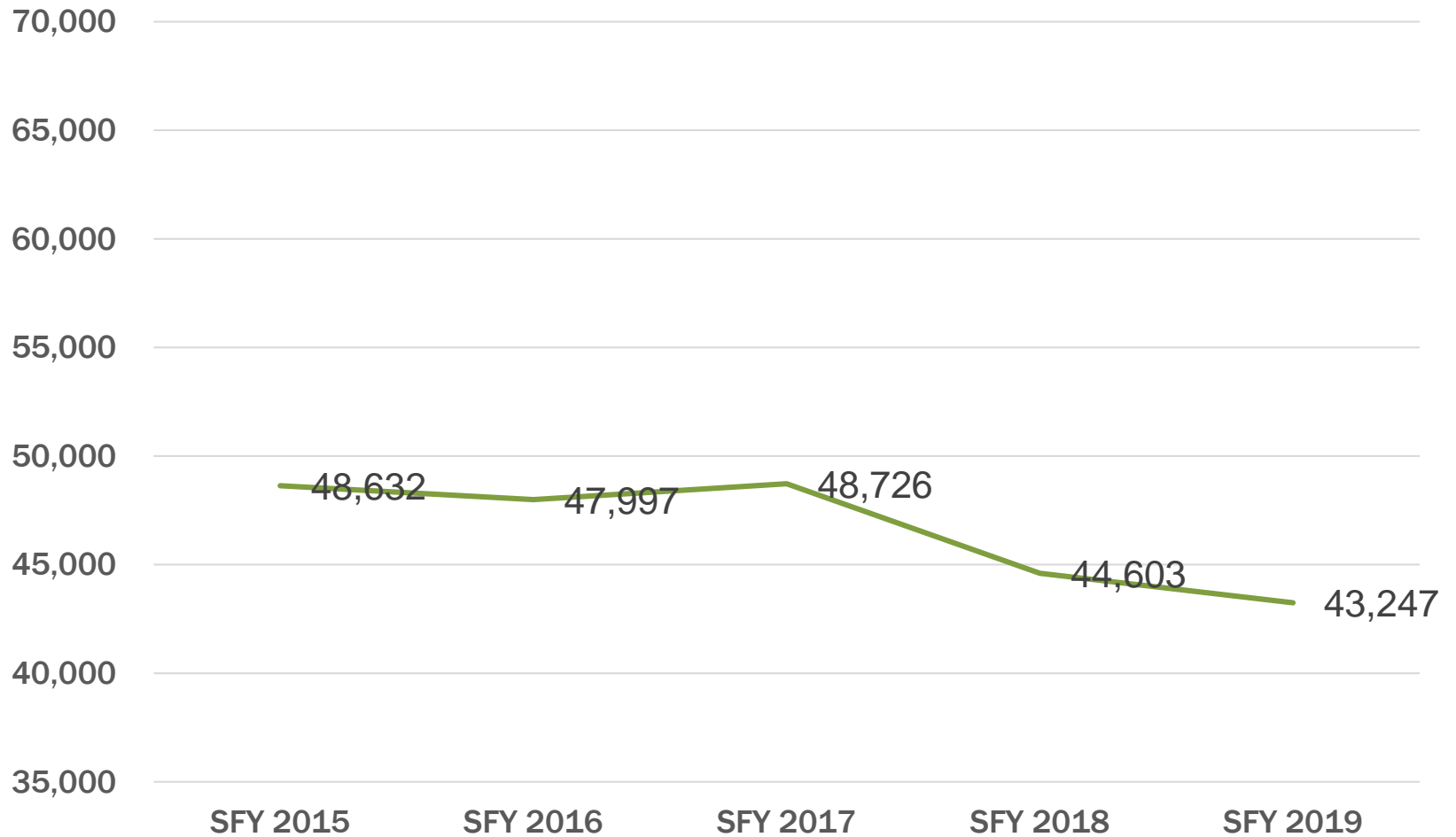
FAMILY SIZE	MONTHLY INCOME LIMIT
1	\$242
2	\$317
3	\$367
4	\$400
5	\$433

EXAMPLE: A parent in a family of 3 earns \$1,000 per month, which is too much for a parent to qualify for Medicaid. To qualify as a Medically Needy beneficiary, the parent must spend down the deductible.

The deductible is calculated by subtracting the \$367 monthly income limit from the \$1000 monthly income = \$633 and then multiplying it by 6 months = **\$3,798**.

The parent must have paid medical bills \$3,798 or more before she becomes eligible for Medically Needy Medicaid.

Medically Needy Enrollment



Transitional Medical Assistance Eligibility

- Transitional Medical Assistance (TMA) is provided to beneficiaries who lose eligibility due to new or increased income or spousal support and meet specific criteria
 - Four (4) months of TMA is provided to beneficiaries who lose eligibility due to new or increased spousal support
 - Twelve (12) months of TMA is provided to beneficiaries who lose eligibility due to new or increased income

Transitional Medical Assistance

- **Beneficiaries must:**
 - Have a child in the home enrolled in Medicaid or NC Health Choice
 - Have been eligible for Families and Children Medicaid in 3 of the 6 preceding months
 - Report earnings and child care expenses on a quarterly basis
 - Not have income that exceeds 185% of the federal poverty limit in the 2nd and 3rd quarters of TMA
- **Beneficiaries receive full Medicaid coverage**

Transitional Medical Assistance Enrollment

