## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2025

H HOUSE BILL 485

Short Title:	Adult Care Home Medicaid PCS Coverage.	(Public)
Sponsors:	Representatives Sauls and Potts (Primary Sponsors).  For a complete list of sponsors, refer to the North Carolina General Assembly web site.	
Referred to:	Health, if favorable, Judiciary 1, if favorable, Rules, Calendar, and Operations of the House	

## March 25, 2025

## A BILL TO BE ENTITLED

AN ACT TO REQUIRE A REQUEST FOR FEDERAL APPROVAL TO EXTEND MEDICAID ELIGIBILITY FOR PERSONAL CARE SERVICES TO CERTAIN INDIVIDUALS RESIDING IN ADULT CARE HOMES.

The General Assembly of North Carolina enacts:

**SECTION 1.** In conjunction with the requirements of Section 9E.26 of S.L. 2023-134 for the Department of Health and Human Services, Division of Health Benefits (DHB), to explore options available to increase access to Medicaid services for dual eligibles that provide alternatives to nursing home placements, DHB shall consult with stakeholders and shall submit to the Centers for Medicare and Medicaid Services (CMS) a request that meets all of the following goals:

- (1) Provides Medicaid coverage of personal care services to individuals who reside in licensed adult care homes and special care units and whose income exceeds the limit for participation in the State-County Special Assistance Program authorized under G.S. 108A-40, but does not exceed either (i) one hundred eighty percent (180%) of the federal poverty level, for individuals who, but for their income, would qualify for State-County Special Assistance at the basic rate under G.S. 108A-42.1 or (ii) two hundred percent (200%) of the federal poverty level, for individuals who, but for their income, would qualify for State-County Special Assistance at the enhanced rate under G.S. 108A-42.1.
- (2) Ensures that the cost of any new Medicaid coverage being requested is offset by savings or cost avoidance.
- (3) Ensures compliance with applicable legal requirements.

**SECTION 2.** DHB shall take any actions necessary to implement this act and shall submit the appropriate request to CMS within 90 days after this act becomes law. DHB shall only implement the Medicaid coverage described in the request if (i) the request is approved by CMS and (ii) the request meets all of the goals in Section 1 of this act.

**SECTION 3.** This act is effective when it becomes law.

