

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 14-0004-MM1**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

August 15, 2014

Ms. Sandra D. Terrell, MS, R.N.  
Chief Operating Officer  
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 # NC 14-0004-MM1

Dear Ms. Terrell:

Enclosed is an approved copy of North Carolina's State Plan Amendment (SPA) 14-0004-MM1, which was submitted to CMS on June 20, 2014. SPA 14-0004-MM1 amends the S28 Pregnant Women PDF in MAGI-Based Eligibility Group SPA in North Carolina's State Plan originally approved on December 10, 2013 and had an effective date of January 1, 2014. NC 14-0004-MM1 removes the requirement for citizenship for presumptive eligibility from the state plan.

Enclosed is a copy of the 179, and the new State Plan pages S28-1 through S28-6 to be incorporated within a separate section at the back of North Carolina's approved State Plan. The effective date of the SPA is August 15, 2014. The approval date of the SPA is August 12, 2014.

If you have any questions, please contact Elaine Elmore at 404-562-7408 or [Elaine.Elmore@cms.hhs.gov](mailto:Elaine.Elmore@cms.hhs.gov).

Sincerely,

//s//

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

ccs: Aldona Z. Wos, M.D., Secretary NC Department of Health and Human Services  
Robin G. Cummings, M.D., Director

Enclosures

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

North Carolina

- **Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

NC-14-000

- **Proposed Effective Date**

08/15/2014 (mm/dd/yyyy)

- **Federal Statute/Regulation Citation**

42 CFR Part

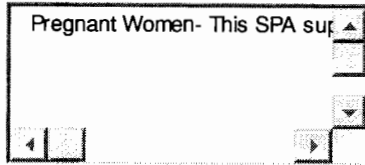
- **Federal Budget Impact**

	<b>Federal Fiscal Year</b>	<b>Amount</b>
<b>First Year</b>	2014	\$ 0.00
<b>Second Year</b>	2015	\$ 0.00

- **Subject of Amendment**

Character Count:  out of 2000

Pregnant Women- This SPA sup. ▲



• **Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

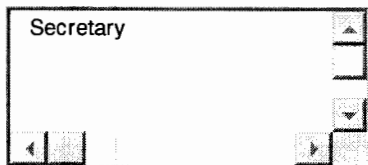


- No reply received within 45 days of submittal
- Other, as specified

Describe:

Character Count:  out of 2000

Secretary



• **Signature of State Agency Official**

- Submitted By:

Teresa Smith

- Last Revision Date: Jul 31, 2014
- 
- Submit Date: Jun 20, 2014



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Pregnant Women

S28

42 CFR 435.116  
1902(a)(10)(A)(i)(III) and (IV)  
1902(a)(10)(A)(ii)(I), (IV) and (IX)  
1931(b) and (d)  
1920

**Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

Yes  No

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

The minimum income standard for this eligibility group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

The amount of the maximum income standard is:  % FPL

Income standard chosen

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
- Another income standard in-between the minimum and maximum standards allowed.

There is no resource test for this eligibility group.

Benefits for individuals in this eligibility group consist of the following:

- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Pregnancy-related services, as defined at 42 CFR 440.210 (a)(2), include prenatal, delivery, postpartum and family planning services, as well as services related to conditions which may complicate pregnancy.

Full Medicaid coverage is provided only for pregnant women with income at or below the income limit described below:

Minimum income limit for full Medicaid coverage

The minimum income standard used for full coverage under this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

- The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income limit for full Medicaid coverage



# Medicaid Eligibility

The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent standard.

The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard.

The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

The amount of the maximum income limit for full Medicaid coverage is:

A percentage of the federal poverty level:  %

A dollar amount

## Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard



# Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	434	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	569	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	667	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	744	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	824	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	901	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	975	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,036	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,096	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,169	<input checked="" type="checkbox"/>

Additional incremental amount

Yes    No

Increment amount \$

The dollar amounts increase automatically each year

Yes    No

Income limit chosen for full Medicaid coverage:

- The minimum income limit
- The maximum income limit
- Another income limit in-between the minimum and maximum standards allowed.

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

Yes    No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.





# Medicaid Eligibility

- There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.

- Yes  No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

- The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant

- Household income must not exceed the applicable income standard at 42 CFR 435.116.

- State residency

- Citizenship, status as a national, or satisfactory immigration status

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

## List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act



# Medicaid Eligibility

- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,
- and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.