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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: NC-13-0011-MC

This file contains the following documents in the order listed:

- 1) SPA Summary Form
- 2) Approval Letter
- 3) Approved SPA Pages

The complete title XXI state plan for North Carolina consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments:
<http://medicaid.gov/chip/state-program-information/chipstate-program-information.html>

Children's Health Insurance
Program Eligibility

NC.0438.R00.00 - Oct 01, 2013

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Summary

Children's Health Insurance Program Eligibility:
Summary Page

State/Territory North Carolina
name: **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-13-0011

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

2102(b)(3) & 2107(e)(1)(O) of the SSA; 42 CFR 457, subpart C; 457.110

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 459 out of 2000

This mandatory state plan addresses the new federal streamlined application and the processes for submitting an application. The streamlined application is for determining eligibility for MAGI based programs which indicates NCHC as well as most of the Family and Children's Medicaid programs. Applications may be

Signature of State Agency Official

Submitted By: Teresa Smith
Last Revision Date: Oct 15, 2014
Submit Date: Oct 18, 2013

BACK

CONTINUE

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

FEB 11 2014

Sandra Terrell, MS, RN
NC Department of Health and Human Services
Acting Chief Operating Officer, Division of Medical Assistance
1985 Umstead Drive
Raleigh, NC 27603

Dear Ms. Terrell:

I am pleased to inform you that North Carolina's Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), NC 13-0011-MC, submitted on October, 18, 2013, has been approved. This SPA incorporates the MAGI-based eligibility process requirements in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Until February 1, 2014, the state is using an interim paper alternative single streamlined application. Until June 1, 2014, the state is using an interim online alternative single streamlined application. The state will implement revised alternative single streamlined paper and online applications that address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of North Carolina's approved CHIP State Plan:

- CS24
- Attachment - Statement of use with respect to the alternative single streamlined online application
- Attachment - Statement of use with respect to the alternative single streamlined paper application

This approval and the attachments supercede the following sections of the current CHIP State Plan:

- Section 4.3: Single, Streamlined Application Screen and Enroll Process
- Section 4.4: Renewals, Screening by Other Insurance Affordability Programs

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. Your Title XXI project officer is Ms. Lavern Baty. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Blvd.
Baltimore, MD 21244-1850
Telephone: (410) 786-5480
Facsimile: (410) 786-5882
E-mail: Lavern.Baty@cms.hhs.gov

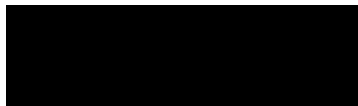
Official communications regarding program matters should be sent simultaneously to Ms. Baty and to Ms. Jackie Glaze, Associate Regional Administrator (ARA) in our Atlanta Regional Office. Ms. Glaze's address is:

Ms. Jackie Glaze
Office of the Regional Administrator
Atlanta Federal Center
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

If you have additional questions, please contact Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

A solid black rectangular box redacting the signature of Eliot Fishman.

Eliot Fishman
Director

cc: Ms. Jackie Glaze, ARA, CMS Region IV, Atlanta

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop: S2-26-12
 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

Sandra Terrell, MS, RN
 NC Department of Health and Human Services
 Acting Chief Operating Officer, Division of Medical Assistance
 1985 Umstead Drive
 Raleigh, NC 27603

Dear Ms. Terrell:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of North Carolina’s Children’s Health Insurance Program (CHIP) State Plan Amendment (SPA), NC 13-0011, submitted on October 18, 2013. Our review of this submission included a review of the online alternative single streamlined application developed by the state, and the following alternative paper based applications – a family and single individual Financial Assistance (FA) paper application, and the Appendix A and Appendix B attachments for these applications. Since the state’s application materials are the same for both Medicaid and CHIP, this letter is identical to the Medicaid companion letter.

Until February 1, 2014 the state is using an interim alternative paper single streamlined application. Until June 1, 2014 the state is using an interim alternative single streamlined online application. These interim applications need to be revised to reflect the following changes.

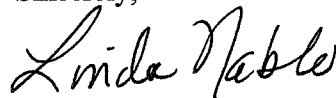
Necessary changes:	Date to complete changes:
Paper application	
<p>The state will remove the following questions from Appendix D “Medicaid Family Planning”:</p> <ul style="list-style-type: none"> • Have you had your tubes tied, cut or burnt? • Have you been sterilized by having any other medical procedure that would prevent you from having a baby? • Have you had a vasectomy? • Have you been sterilized by having any other medical procedure that would prevent you from fathering baby? 	2/1/2014

Necessary changes:	Date to complete changes:
Online application	
1. The application will not ask non-applicant household members a question about state residency.	6/1/2014
2. The application will not ask for the amount of Supplemental Security Income received.	1/27/2014
3. The wording of the question about primary care provider will let applicants know that the choice being made is for Medicaid/CHIP only, and that there will be a separate plan selection process if they are eligible for coverage through the Marketplace.	3/1/2014
4. The application will ask applicants who appear ineligible for Medicaid and CHIP about their access to employer sponsored health coverage.	6/1/2014

Please submit the revised alternative paper application to CMS no later than February 1, 2014. Please submit the revised online application to CMS for review no later than May 1, 2014 to ensure approval by June 1, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Victoria Collins at Victoria.Collins@cms.hhs.gov or (410) 786-2167.

We look forward to continuing to work with you and your staff.

Sincerely,



Linda Nablo
 Director, Division of State Coverage Programs

cc: Ms. Jackie Glaze, ARA, CMS Region IV, Atlanta

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

NC 13-0011

STATE:

North Carolina

Through June 1, 2014 the state is using an interim alternative single streamlined application. After June 1, 2014 the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application

Online Application

TRANSMITTAL NUMBER:

NC 13-0011

STATE:

North Carolina

Through February 1, 2014, the state is using an interim alternative single streamlined application. After February 1, 2014 the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program General Eligibility - Eligibility Processing

CS24

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

- The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.
- An alternative single, stream lined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

- The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electronic means.

The agency accepts applications in the following other electronic means.

- Other electronic means:

	Name of method	Description	
+	Facsimile		X

Screen and Enroll Process

- The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.

Procedures include:



CHIP Eligibility

- Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and
- Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and
- Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.

The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced premium tax credits in accordance with section 1943(b)(2) of the SSA.

No

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
 - Once every 12 months.
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

Screening by Other Insurance Affordability Programs

- The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.
- The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.
 - The CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the requirements of 457.348(b) and will provide this agreement to the Secretary upon request.

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 50 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.

V.20130917