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	State/TerritoryNorth Carolina				
Citation					
		Family Planning Benefits	<u> </u>		
1905(a)(4)(C)	4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.				
	Provided:	☐ No limitations	With limitations		
	Please describ	be any limitations:			
	services (intervisits for recipfamily planning proposal is a swhich is constantly planning services under	r-periodic visits) based on the poients and abuse by physicians. In a visits should be due to the mask inter-periodic visit limitation idered to be a periodic visit. The gray visits per recipient is based of	o limit coverage for family planning-related obtential for over-scheduling of unnecessary North Carolina proposes that coverage of nedical necessity of the recipient. The State's nannually, not to include the annual exam, the State's limitations on the number of on historical utilization of family planning nich has consistently shown an average of no		
	4.c.(ii) Family planning-related services provided under the above State Eligibility Option				
	cover screening performed pure	ng and treatment for sexually tr rsuant to or subsequent to an ar	y Planning Services, the State is proposing to ransmitted infections, which will be unual exam. The State is also proposing to ormed pursuant to or subsequent to an annual		
	covered during periodic visits	g the annual exam or during in sallowed under the program. So or during in any or all of the six	sexually transmitted infections will be any or all of the six subsequent inter- creening for HIV will be covered during the a subsequent inter-periodic visits allowed		
TN No. <u>11-040</u>	Approval	Date: <u>09-21-12</u>	Effective Date: <u>10/01/2011</u>		

TN No. NEW

Supersedes

ATTACHMENT 2.2-A

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State/Territory: North Carolina

Citation		Groups Covered
	В.	Optional Groups Other Than the Medically Needy (Continued)
1902(a)(10)(A)(ii)(XXI) 1902(ii)		☑ Individuals who are <i>not</i> pregnant and whose income does not exceed the State established income standard of <u>185%</u> of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is <u>185%</u> of the Federal Poverty Level.
		☐ In determining eligibility for this group, the State considers only the income of the applicant or recipient. * See note below.
		*For married persons, North Carolina considers the spouse's income of the applicant or recipient in determining eligibility for family planning services. North Carolina does not will consider the parents' incomes for a child applicant or recipient in determining eligibility for family planning services.
		<b>Note:</b> Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.
1920C		Presumptive Eligibility for Family Planning:
		☐ The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

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State: North Carolina

Citation	Groups Covered
	☐ In addition to family planning services, the State covers family planning-
	related services to such individuals during the period of presumptive eligibility.

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