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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 13-0002-MM2

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) Summary Form (with 179-like data)
- 4) Superseding Pages Notice
- 5) 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

January 16, 2014

Aldona Z. Wos, M.D., Secretary North Carolina Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 13-0002-MM2

Dear Dr. Wos:

Enclosed is an approved copy of North Carolina's state plan amendment (SPA) 13-0002-MM2, which was submitted to CMS on October 18, 2013. SPA 13-0002-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into North Carolina's Medicaid state plan 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 following S94 state plan pages and attachments to be incorporated within a separate section at the end of North Carolina's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1- Statement of use with respect to the alternative single, streamlined online application
- Attachment 2- Statement of use with respect to the alternative single, streamlined paper application

Aldona Z. Wos, M.D. Page 2

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0002 MM2, which should also be incorporated into a separate section in the front of the state plan.

• Superseding pages of state plan material, SPA 13-0002 MM2.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Elaine Elmore at (404) 562-7408 or via e-mail at Elaine.Elmore@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office Atlanta Federal Center, 4th Floor 61 Forsyth Street, SW, Suite 4T20 Atlanta, Georgia 30303-8909



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 16, 2014

Aldona Z. Wos, M.D., Secretary North Carolina Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

Dear Dr. Vos:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) transmittal NC 13-0002-MM2, which was received by CMS on October 18, 2013. Our review of this submission included a review of the paper alternative single streamlined application and the online alternative single streamlined application developed by the state.

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 by which changes will be completed:	
Paper application		
The state will remove the following questions from Appendix D		
"Medicaid Family Planning":		
 Have you had your tubes tied, cut or burnt? 	2/1/2014	
 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 a		
baby?		
	l	
Online application		

The application will not ask non-applicant household members a question about state residency.	6/1/2014
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
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 Dena Greenblum at Dena.Greenblum@cms.hhs.gov or (410) 786-8684.

If you have other additional questions or require any further assistance, please contact Elaine Elmore at (404) 562-7408 or Elaine. Elmore@cms.hhs.gov.

Sincerely,

//s//

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

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-13-000

Proposed Effective Date

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

Federal Statute/Regulation Citation

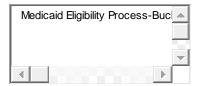
42 CFR 43

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Character Count: out of 2000



Governor's Office Review

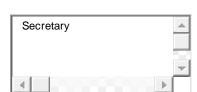
- Governor's office reported no comment
- Comments of Governor's office received

Describe:



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

Describe:



Character Count: out of 2000

Signature of State Agency Official

o Submitted By:

Teresa Smith

o Last Revision Date:

Jan 16, 2014

Submit Date: Oct 18, 2013

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: STATE:		
13-0002 MM2	North Carolina	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
S94	Section 2, Page 10, Section 2.1(a). TN#92-01, effective date;01/01/92, approved: 10/21/92 Section 2, Page 11a, Section 2.1a(d). TN#91-35, effective date: 07/01/91, approved 10/24/91	



Medicaid Eligibility

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

General Eligibility Requirements Eligibility Process	S94
42 CFR 435, Subpart J and Subpart M	
Eligibility Process	
The state meets all the requirements of 42 CFR 435, Subpart J for process furnishing Medicaid.	ssing applications, determining and verifying eligibility, and
Application Processing	
Indicate which application the agency uses for individuals applying for modified adjusted gross income standard.	coverage who may be eligible based on the applicable
The single, streamlined application for all insurance affordabili section 1413(b)(1)(A) of the Affordable Care Act	ty programs, developed by the Secretary in accordance with
An alternative single, streamlined application developed by the Affordable Care Act and approved by the Secretary, which may developed by the Secretary.	
An attachment is submitted.	
An alternative application used to apply for multiple human ser agency makes readily available the single or alternative applica individuals seeking assistance only through such programs.	
An attachment is submitted.	
Indicate which application the agency uses for individuals applying for applicable modified adjusted gross income standard:	coverage who may be eligible on a basis other than the
The single, streamlined application developed by the Secretary approved by the Secretary, and supplemental forms to collect a other basis, submitted to the Secretary.	
An attachment is submitted.	
An application designed specifically to determine eligibility on minimizes the burden on applicants, submitted to the Secretary	
An attachment is submitted.	
The agency's procedures permit an individual, or authorized person actininternet website described in 42 CFR 435.1200(f), by telephone, via main	
The agency also accepts applications by other electronic means:	
 Yes ○ No TN No: -13-0002-MM2 Approval Date: 01-16-14 	Effective date: 10-01-13

S94-1

North Carolina



Medicaid Eligibility

Indicate the other electronic means below:			
	Name of Method	Description	
+	Facsimile		X
groups listed b	The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.		
Parents a	nd Other Caretaker Relatives		
Pregnant	Women		
Infants ar	nd Children under Age 19		
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 435.916:		
Once ever	y 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		lual's	
information	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.		
Redeterminati income standa	ons of eligibility for individuals whose financiard are performed, consistent with 42 CFR 435	ial eligibility is not based on the applicable modified adjusted gr.,916 (check all that apply):	ross
Once eve	ry 12 months		
Once eve	ry 6 months		
Other, mo	ore often than once every 12 months		
Coordination of Eligibility and Enrollment			
The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.		- 1	

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.

TN No: -13-0002-MM2

North Carolina

Approval Date: 01-16-14

S94-2

Effective date: 10-01-13

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION		
⊠Paŗ	per Application	line Application
TRANSMITTAL NUMBER:	STAT	E:
NC 13-0002-MM2	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.

TN No: -13-0002-MM2

North Carolina

Approval Date: 01-16-14

Effective date: 10-01-13

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION		
☐ Paper Application	☑ Online Application	
TRANSMITTAL NUMBER:	STATE:	
NC 13-0002-MM2	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.		

TN No: -13-0002-MM2 North Carolina Approval Date: 01-16-14

Effective date: 10-01-13