

Table of Contents

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In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0002 MM2, which should also be incorporated into a separate section in the front of the state plan.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. Vos, 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": <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 a baby? 	2/1/2014
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 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 435

- **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

Medicaid Eligibility Process-Buc

- **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:

Jan 16, 2014

- Submit Date: Oct 18, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-0002 MM2

STATE:

North Carolina

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S94

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):**

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 processing applications, determining and verifying eligibility, and furnishing Medicaid.

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 for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

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.

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

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

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 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No

TN No: -13-0002-MM2
North Carolina

Approval Date: 01-16-14
S94-1

Effective date: 10-01-13



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Facsimile		X

- 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 and Other Caretaker Relatives

Pregnant Women

Infants and 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 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.
- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
 - Once every 6 months
 - Other, more 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.

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.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

NC 13-0002-MM2

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.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

NC 13-0002-MM2

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.