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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 13-0016-MM5

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) 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

December 20, 2013

Ms. Sandra D. Terrell, M.S., R.N.
Acting Director
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 13-0016-MM5

Dear Ms. Terrell:

Enclosed is an approved copy of North Carolina's state plan amendment (SPA) 13-0016-MM5, which was submitted to CMS on October 4, 2013. SPA 13-0016-MM5 incorporates the residency regulations, addresses interstate agreements, and temporary absence into the North Carolina's state plan in accordance with the Affordable Care Act. This SPA was approved on December 19, 2013. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages to be incorporated within a separate section at the back of North Carolina's approved state plan:

- S88, Pages S88-1 through S88-4

Also enclosed are the state plan pages which have been superseded through NC 13-0016-MM5.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, 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-13-001

- Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

- Federal Statute/Regulation Citation**

Patient Prot

- 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

S88: Medicaid Non-Financial Bi

- **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:

Dec 19, 2013

- Submit Date:

Oct 4, 2013

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: North Carolina

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TN No. 13-0016-MM-5

Supersedes

TN No. 87-5

Approval Date: 12-19-13

Effective Date 01/01/2014

HCFA ID: 1006P/0010P

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

State: North Carolina

Citation	Condition or Requirement
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TN No. 13-0016-MM-5

Supersedes

TN No. 13-0017-MM

Approval Date 12-19-13

Effective Date 01/01/2014

HCFA ID: 7985E



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility State Residency

S88

42 CFR 435.403

State Residency

- ☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- ☐ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - ☐ Intends to reside in the state, including without a fixed address, or
 - ☐ Entered the state with a job commitment or seeking employment, whether or not currently employed.
- ☐ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- ☐ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
 - ☐ Residing in the state, with or without a fixed address, or
 - ☐ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- ☐ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
 - ☐ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - ☐ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - ☐ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- ☐ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- ☐ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- ☐ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- ☐ IV-E eligible children living in the state, or



Medicaid Eligibility

☒ Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Alabama | <input checked="" type="checkbox"/> Illinois | <input checked="" type="checkbox"/> Montana | <input checked="" type="checkbox"/> Rhode Island |
| <input checked="" type="checkbox"/> Alaska | <input checked="" type="checkbox"/> Indiana | <input checked="" type="checkbox"/> Nebraska | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona | <input checked="" type="checkbox"/> Iowa | <input checked="" type="checkbox"/> Nevada | <input checked="" type="checkbox"/> South Dakota |
| <input checked="" type="checkbox"/> Arkansas | <input checked="" type="checkbox"/> Kansas | <input checked="" type="checkbox"/> New Hampshire | <input checked="" type="checkbox"/> Tennessee |
| <input checked="" type="checkbox"/> California | <input checked="" type="checkbox"/> Kentucky | <input checked="" type="checkbox"/> New Jersey | <input checked="" type="checkbox"/> Texas |
| <input checked="" type="checkbox"/> Colorado | <input checked="" type="checkbox"/> Louisiana | <input checked="" type="checkbox"/> New Mexico | <input checked="" type="checkbox"/> Utah |
| <input checked="" type="checkbox"/> Connecticut | <input checked="" type="checkbox"/> Maine | <input type="checkbox"/> New York | <input checked="" type="checkbox"/> Vermont |
| <input checked="" type="checkbox"/> Delaware | <input checked="" type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota | <input checked="" type="checkbox"/> Washington |
| <input checked="" type="checkbox"/> Florida | <input checked="" type="checkbox"/> Michigan | <input checked="" type="checkbox"/> Ohio | <input checked="" type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input checked="" type="checkbox"/> Minnesota | <input checked="" type="checkbox"/> Oklahoma | <input checked="" type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Hawaii | <input checked="" type="checkbox"/> Mississippi | <input checked="" type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input checked="" type="checkbox"/> Idaho | <input checked="" type="checkbox"/> Missouri | <input checked="" type="checkbox"/> Pennsylvania | |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☒ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☐ Other type of individual

The state has a policy related to individuals in the state only to attend school.

☒ Yes ☐ No

Provide a description of the policy:

An individual is a resident lives in NC independently from his parent(s) for his total financial support and care, including tuition and living expenses, does not intend to live with a parent that is a resident of another state, and is not claimed as a tax dependent by an individual who is a resident of another state.

☒ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.



Medicaid Eligibility

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☒ Yes ☐ No

Provide a description of the definition:

An individual who is a state resident may have a temporary absence (up to 12 months) from North Carolina with subsequent return or intent to return when the purpose of the absence has been accomplished unless another state has determined that the individual is a resident of its state.

Individual enrolled in school in another state, whose parent(s) is a NC resident and claims the individual as a tax dependent, is a state resident.

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.