Table of Contents

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Also enclosed are the state plan pages which have been superseded through NC 13-0016-MM5.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

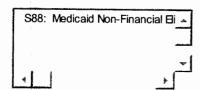
Patient Prof

Federal Budget Impact

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

Subject of Amendment

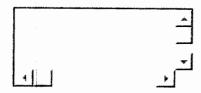
Character Count: out of 2000



Governor's Office Review

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

Describe:



- o C No reply received within 45 days of submittal
- o Cother, as specified

Describe:



• Signature of State Agency Official

Submitted By:

Teresa Smith

o Last Revision Date:

Dec 19, 2013

o Submit Date:

.

Revision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193

MARCH 1987

State: North Carolina

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TN No. <u>13-0016-MM-5</u> Supersedes TN No. <u>87-5</u>

Approval Date: <u>12-19-13</u> Effective Date <u>01/01/2014</u> HCFA ID: 1006P/0010P

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD) ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

State: North Carolina

Citation Condition or Requirement

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TN No. <u>13-0016-MM-5</u>

Supersedes Approval Date <u>12-19-13</u>

Effective Date <u>01/01/2014</u> HCFA ID: 7985E

TN No. <u>13-0017-MM</u>



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

1000000		ancial calcleng	d Eligibility icy		M	S81
42	CFR	35.403				
Sta	te Ro	idency				
V		tate prov in condit	ovides Medicaid to otherwise eligible residents of the state, including residents who are alitions.	bsent from th	e state unde	er
	Indi	iduals ar	are considered to be residents of the state under the following conditions:			
			titutionalized individuals age 21 and over, or under age 21, capable of indicating intent as, if the individual is living in the state and:	nd who are e	mancipated	or
		Inten	ends to reside in the state, including without a fixed address, or			
		Ente	ered the state with a job commitment or seeking employment, whether or not currently en	nployed.		
		ndividua	nals age 21 and over, not living in an institution, who are not capable of indicating intent, ney live.	are residents	of the state	in
		Non-insti	titutionalized individuals under 21 not described above and non IV-E beneficiary childre	n:		
		Resid	siding in the state, with or without a fixed address, or			
		The s	e state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), ides.	with whom t	he individua	al
			uals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, wing intent before age 21 and individuals under age 21 who are not emancipated or married		capable of	
		Rega resid	gardless of which state the individual resides, if the parent or guardian applying for Medides in the state, or	caid on the in	idividual's b	ehalf
			gardless of which state the individual resides, if the parent or guardian resides in the state cement, or	at the time o	f the individ	dual's
		instit	the individual applying for Medicaid on the individual's behalf resides in the state and the stationalized individual's parent(s) were terminated and no guardian has been appointed stitutionalized in the state.			
		ndividua unless an	uals living in institutions who became incapable of indicating intent at or after age 21, if panother state made the placement.	physically pro	esent in the	state,
		ndividua	uals who have been placed in an out-of-state institution, including foster care homes, by a	in agency of	the state.	
			ner institutionalized individual age 21 or over when living in the state with the intent to re on by another state.	side there, a	nd not place	d in the
		V-E elig	igible children living in the state, or			

TN No: 13-0016-MM5 App North Carolina

Approval Date: 12/19/13 Effe S88-1

Effective Date: 01/01/14



Otherwise meet the requirements of 42 CFR 435.403.

TN No: 13-0016-MM5 North Carolina Approval Date: 12/19/13 S88-2

2/19/13 Effective Date: 01/01/14



Meet the criteria specified in an interstate agreement.									
• Yes C No									
The state has interstate agreements with the following selected states:									
			Nebraska	South Carolina					
			Nevada	South Dakota					
			New Hampshire	▼ Tennessee					
:			New Jersey	▼ Texas					
			New Mexico	⊠ Utah					
	○ Connecticut	Maine	☐ New York	∨ermont					
	□ Delaware	Maryland	☐ North Carolina	∇irginia					
	□ District of Columbia	Massachusetts	North Dakota						
	⊠ Florida	Michigan	○ Ohio	West Virginia					
	Georgia		○ Oklahoma	Wisconsin					
				☐ Wyoming					
	⊠ Idaho	Missouri	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 in the state only for the	ne purpose of attending school							
	Are out of the state only f	or the purpose of attending scho	ool						
	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 C No									
Provide a description of the policy:									
tu	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.								

Approval Date: 12/19/13

Effective Date: 01/01/14

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

TN No: 13-0016-MM5

North Carolina



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

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.

TN No: 13-0016-MM5 North Carolina Approval Date: 12/19/13 \$88-4

Effective Date: 01/01/14