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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 14-0005-MM1

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) 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

September 23, 2014

Ms. Sandra D. Terrell, MS, R.N.
Chief Operating Officer
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 14-0005-MM1

Dear Ms. Terrell:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0005-MM1 that was received in the Regional Office on September 15, 2014. The amendment establishes the state's election of the MAGI-based eligibility for the family planning optional eligibility group in the Medicaid state plan.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-0005-MM1. This SPA was approved on September 22, 2014. The effective date of this amendment is October 1, 2014. We are enclosing the S59 approved plan page.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

//s//

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

#### **Enclosures**

cc: Aldona Z. Wos, M.D., Secretary North Carolina Department of Health and Human Services Robin G. Cummings, M.D.

## 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-14-000

• Proposed Effective Date

10/01/2014 (mm/dd/yyyy)

• Federal Statute/Regulation Citation

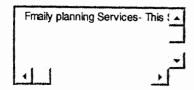
1902(a)(10

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	-515129.00
Second Year	2016	\$ -499675.00

Subject of Amendment

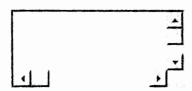
Character Count: out of 2000



#### Governor's Office Review

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

#### Describe:

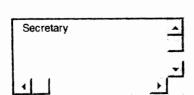


o No reply received within 45 days of submittal

out of 2000

o Gther, as specified

Describe:



### Signature of State Agency Official

Submitted By: Teresa Smith

Last Revision Date: Sep 15, 2014

Submit Date: Sep 15, 2014



# **Medicaid Eligibility**

State Name: North Carolina	OMB Control Number: 0938-1148
Transmittal Number: NC - 14 - 0005	Expiration date: 10/31/2014
Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services	S59
1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	
Individuals Eligible for Family Planning Services - The state ele- income at or below a standard established by the state, whose cove accordance with provisions described at 42 CFR 435.214.	
• Yes C No	
▼ The state attests that it operates this eligibility group in accommod to the state attests.  ▼ The state attests that it operates this eligibility group in accommod to the state attests.  ▼ The state attests that it operates this eligibility group in accommod to the state attests.  ▼ The state attests that it operates this eligibility group in accommod to the state attests.  ▼ The state attests that it operates this eligibility group in accommod to the state attention and the state attention at the state attention attention at the state attention at the state attention at the state attention at the state attention attention attention at the state attention attention at the state attention at the state attention at the state attention at the state attention attentio	cordance with the following provisions:
■ The individual may be a male or a female.	
Income standard used for this group	
Maximum income standard	
	eceived approval for its converted income standard(s) for pregnant ne determination of the maximum income standard to be used for this
À In	attachment is submitted.
The state's maximum income standard for this el	igibility group is the highest of the following:
The state's current effective income level for Medicaid state plan.	the Pregnant Women eligibility group (42 CFR 435.116) under the
The state's current effective income level for	pregnant women under a Medicaid 1115 demonstration.
C The state's current effective income level for	Targeted Low-Income Pregnant Women under the CHIP state plan.
C The state's current effective income level for	pregnant women under a CHIP 1115 demonstration.
The amount of the maximum income standard i	s: 196 % FPL
■ Income standard chosen	
The state's income standard used for this eligibili	ity group is:
C The maximum income standard	
• Another income standard less than the maxim	num standard allowed.
The amount of the income standard is: 195	% FPL
MAGI-based income methodologies are used in calculated Based Income Methodologies, completed by the state	lating household income. Please refer as necessary to S10 MAGI.

TN No.: 14-0005-MM1 North Carolina

Approval Date: 09-22-14 S59-1

Effective Date: 10/01/14



## **Medicaid Eligibility**

In	determining eligibility for this group, the state uses the following household size:
×	All of the members of the family are included in the household
	Only the applicant is included in the household
	The state increases the household size by one
■ In	determining eligibility for this group, the state uses the following income methodology:
•	The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
C	The state considers only the income of the applicant.
■ Be	enefits for this eligibility group are limited to family planning and related services described in the Benefit section.
Pro	esumptive Eligibility
	the state makes family planning services and supplies available to individuals covered under this group when determined resumptively eligible by a qualified entity.
	Yes • No

#### 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.

V.20140415

TN No.: 14-0005-MM1 Approval Date: 09-22-14 Effective Date: 10/01/14

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North Carolina