

Table of Contents

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)(1C

- 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

Family planning Services- This

- **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: 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 elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ The individual may be a male or a female.

☒ Income standard used for this group

☒ Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

☒ The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

☐ The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

☐ The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

☐ The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: 196 % FPL

☒ Income standard chosen

The state's income standard used for this eligibility group is:

☐ The maximum income standard

☒ Another income standard less than the maximum standard allowed.

The amount of the income standard is: 195 % FPL

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.



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).
- ☐ The state considers only the income of the applicant.

☒ Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.

☒ Presumptive Eligibility

The state makes family planning services and supplies available to individuals covered under this group when determined presumptively 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