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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 14-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

June 9, 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 14-001

Dear Ms. Terrell:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-001 that was received in the Regional Office on March 19, 2014. The amendment removes coverage for the family planning optional eligibility group from the Medicaid state plan. As noted in the approved paper-based 179 transmittal for TN No. 14-001, the amendment removes paper-based pages Attachment 2.2-A page 23g and Attachment 3.1-A page 9 from the state plan. As noted in the MMDL-based 179 for TN No. 14-0001-MM1, the SPA also amends the MAGI-based family planning PDF S59 to remove the state's election of this eligibility group.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-001. This SPA was approved on June 6, 2014. The effective date of this amendment is January 1, 2014. We are enclosing the signed paper-based HCFA-179, the MMDL-based 179, and the approved plan pages.

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.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-001	2. STATE NC
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 2303 of the Affordable Care Act (ACA)		7. FEDERAL BUDGET IMPACT: a. FFY 14 \$0.00 b. FFY 15 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 9; Attachment 2.2-A, Page 23g		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 9; Attachment 2.2-A, Page 23g	
10. SUBJECT OF AMENDMENT: Family Planning Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Secretary <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014	
13. TYPED NAME: Aldona Z. Wos, M.D.			
14. TITLE: Secretary			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/19/14		18. DATE APPROVED: 06/06//14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to item 4, 8 and 9 as authorized by State Agency e-mails dated 05/27/14, 05/29/14 and 06/05/14. <u>Blocked #4 changed to read:</u> January 1, 2014; <u>Block #8 changed to read:</u> Attachment 3.1-A, page 9, 2.2-A page 23g, Attachment 4.19-B, Section 4 page 3 and S59 <u>Block #9 changed to read:</u> Attachment 3.1-A, page 9, 2.2-A page 23g, Attachment 4.19-B, Section 4, page 3 and S59.			

State/Territory: North Carolina

Citation

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TN. No. 14-001

Supersedes

TN. No. 13-004

Approval Date: 06-06-14

Effective Date: 01/01/2014

Revision:

CMS-PM-

ATTACHMENT 2.2-A

Page 23g

OMB No.:

State/Territory: North Carolina

Citation	Groups Covered
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TN. No. 14-001

Supersedes

TN. No. 13-004

Approval Date: 06-06-14

Effective Date: 01/01/2014

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

4.c. Family Planning Services

Payments for Family Planning services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Family Planning Services Fee Schedule. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2013 and are effective for services provided on or after that date.

(a) Family Planning services are reimbursed at 100 percent of the Medicaid Physician Schedule in effect on July 1, 2013.

(b) Family Planning services provided by Local Health Departments (governmental agencies) are paid at cost and will be cost settled as described in Attachment 4.19-B, Section 9, page 1 of the state plan.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB 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. <input type="radio"/> Yes <input checked="" type="radio"/> 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.