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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 15-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 28, 2020

Mr. Dave Richard
Deputy Secretary
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Dear Mr. Richard:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number 15-0001-MM2 on December 29, 2015. This SPA includes North Carolina's alternative single streamlined online and paper applications only.

Please be informed that this SPA was approved August 5, 2020 with an effective date of December 1, 2015. The approved plan pages and CMS 179 form are included in this letter. Also enclosed is a letter being sent as a companion to our approval of this NC SPA 15-0001-MM2.

If you have any additional questions or need further assistance, please contact Charles Friedrich at (404) 562-7404 or Charles.Friedrich@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid
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August 28, 2020

Mr. Dave Richard
Deputy Secretary
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

RE: North Carolina Application SPA 15-0001-MM2

Dear Mr. Richard:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) 15-0001-MM2, which was submitted to CMS on December 29, 2015. This SPA approval will be effective as of December 1, 2015. Approval of SPA 15-0001-MM2 included approval of the alternative single streamlined online and paper applications developed by the state.

Until November 2020, North Carolina will use an interim alternative single streamlined online application. Until September 2020, North Carolina will use interim alternative single streamlined paper applications. The state will revise the alternative single streamlined online and paper applications as described below.

Alternative Single Streamlined Online Application	
Necessary changes:	Date by which changes will be completed:
1. The state will make immigration status document type detail fields optional, such that applicants can continue the application without providing detailed information such as SEVIS ID number, alien or I-94 number.	November 2020

Alternative Single Streamlined Paper Application (dma-5200-ia)	
Necessary changes:	Date by which changes will be completed:

<p>1. The state will remove the following questions regarding emergency Medicaid (9b):</p> <p style="padding-left: 40px;">If you are not a U.S. citizen or U.S. national, have you had a medical emergency in the past 3 months, or do you expect a medical emergency in the next 45-90 days.</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Emergency: Name of Provider:</p>	September 2020
<p>2. The state will include the following instructional text at the top of Appendix E, which requests detailed information regarding medical bills in the past 3 months:</p> <p style="padding-left: 40px;">“This form or the medical bills are not required for you to submit an application. If needed, this information may be requested by a caseworker.”</p>	September 2020

Alternative Single Streamlined Paper Application Short Form (dma-5201-ia)	
Necessary changes:	Date by which changes will be completed:
<p>1. The state will remove the following questions regarding emergency Medicaid (22b):</p> <p style="padding-left: 40px;">If you are not a U.S. citizen or U.S. national, have you had a medical emergency in the past 3 months, or do you expect a medical emergency in the next 45-90 days.</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Emergency: Name of Provider:</p>	September 2020
<p>2. The state will include the following instructional text at the top of Appendix E, which requests detailed information regarding medical bills in the past 3 months:</p> <p style="padding-left: 40px;">“This form or the medical bills are not required for you to submit an application. If needed, this information may be requested by a caseworker.”</p>	September 2020

Please submit the revised alternative single streamlined online application to CMS for review no later than November 2020, to ensure approval. Please submit the revised alternative single streamlined paper applications to CMS for review no later than September 2020, to ensure approval. We continue to be available to provide technical assistance.

If you have any additional questions or need further assistance, please contact Charles Friedrich at (404) 562-7404 or Charles.Friedrich@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program 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-15-0001

Proposed Effective Date

12/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.10; 42 CFR 435, Subpart J and Subpart M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$0.00
Second Year	2016	\$0.00

Subject of Amendment

Medicaid Eligibility Process-Bucket 2 Amending SPA to include the integrated/alternative application for approval.

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:

Secretary

Signature of State Agency Official

Submitted By: Betty Staton
 Last Revision Date: Aug 7, 2020
 Submit Date: Dec 29, 2015



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NC - 15 - 0001

Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

Yes No



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+			X

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

Once every 12 months

Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

Once every 12 months

Once every 6 months

Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

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.