

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 22-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

# NC - Submission Package - NC2022MS0001O - (NC-22-0012) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

[Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
MCOG  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

September 22, 2022

Dave Richard  
Deputy Secretary of Medical Assistance  
Division of Medical Assistance  
2501 Mail Service Center  
1985 Umstead Dr  
Raleigh, NC 27699

Re: Approval of State Plan Amendment NC-22-0012

Dear Dave Richard,

On May 03, 2022, the Centers for Medicare & Medicaid Services (CMS) received North Carolina State Plan Amendment (SPA) NC-22-0012, in which North Carolina proposed to adopt its option to provide 12 months of postpartum coverage to individuals who receive Medicaid coverage during their pregnancy, including during a period of retroactive eligibility.

We approve North Carolina State Plan Amendment (SPA) NC-22-0012 with an effective date(s) of April 01, 2022.

If you have any questions regarding this amendment, please contact Michael Rosen-Kahnowitz at michael.rosen-kahnowitz@cms.hhs.gov

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# NC - Submission Package - NC2022MS0001O - (NC-22-0012) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NC2022MS0001O	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	9/22/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** North Carolina

**Medicaid Agency Name:** Division of Medical Assistance

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

### Package Header

**Package ID** NC2022MS0001O  
**Submission Type** Official  
**Approval Date** 9/22/2022  
**Superseded SPA ID** N/A

**SPA ID** NC-22-0012  
**Initial Submission Date** 5/3/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NC-22-0012

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2022	NC-21-0025
Pregnant Women	4/1/2022	NC-14-0004
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	NEW
Continuous Eligibility for Children	4/1/2022	NEW

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

### Package Header

<b>Package ID</b>	NC2022MS0001O	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	9/22/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The state is adopting the option to extend postpartum coverage to 12 months to pregnant women who qualify under any full Medicaid program. 12 Months of Postpartum Coverage: Individuals who are eligible for and enrolled in Medicaid while pregnant (including during a period of retroactive eligibility) are eligible for extended coverage through the last day of the month in which their 12-month postpartum period ends.

### Federal Budget Impact and Statute/Regulation Citation




#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$38446674
Second	2023	\$153786697

#### Federal Statute / Regulation Citation

Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARP) give states a new state plan option to provide 12 months of continuous postpartum coverage in Medicaid and CHIP and CFR 435 116 Pregnant Women

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">SPA 22-0012 FISCAL IMPACT</a>	5/3/2022 10:18 AM EDT	
<a href="#">22-0012 CMS 179 (signed)</a>	5/3/2022 11:21 AM EDT	
<a href="#">22-0012 Secretary_s Letter.doc (signed) (1)</a>	5/3/2022 11:21 AM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS00010 | NC-22-0012

### Package Header

<b>Package ID</b>	NC2022MS00010	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	9/22/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** This provision was included in NC Governors Budget Bill with an effective date of April, 1, 2022.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 9/22/2022 10:05 AM EDT*

# NC - Submission Package - NC2022MS00010 - (NC-22-0012) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Analyst Notes](#)
[Approval Letter](#)
[RAI](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS00010 | NC-22-0012

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NC2022MS00010	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	<a href="#">4/1/2022</a>
<b>Superseded SPA ID</b>	NC-21-0025		
	System-Derived		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Working Individuals under 1619(b)	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Medicare Beneficiaries	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

## Package Header

<b>Package ID</b>	NC2022MS0001O	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	4/1/2022
<b>Superseded SPA ID</b>	NC-21-0025		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 9/22/2022 8:28 AM EDT*

# NC - Submission Package - NC2022MS0001O - (NC-22-0012) - Eligibility

Summary Reviewable Units Versions Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	NC2022MS0001O	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	<a href="#">4/1/2022</a>
<b>Superseded SPA ID</b>	NC-14-0004		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

#### A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- Yes  
 No

#### B. Financial Methodologies

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

#### C. Income Standard Used

The state uses the following income standard for this group:

**FPL** 196.00%

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

### Package Header

<b>Package ID</b>	NC2022MS0001O	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	4/1/2022
<b>Superseded SPA ID</b>	NC-14-0004		
	System-Derived		

### D. Benefits for Pregnant Women

**Benefits for individuals in this eligibility group consist of the following:**

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS00010 | NC-22-0012

## Package Header

<b>Package ID</b>	NC2022MS00010	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	4/1/2022
<b>Superseded SPA ID</b>	NC-14-0004		
	System-Derived		

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes  
 No

b. The minimum income standard for this eligibility group is 133% FPL.

### 2. Maximum income standard

a. 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 pregnant women under this eligibility group.

#### b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

**c. The amount of the maximum income standard is:**

**FPL** 196.00%

## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 9/22/2022 8:30 AM EDT*

# NC - Submission Package - NC2022MS0001O - (NC-22-0012) - Eligibility

Summary Reviewable Units Versions Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	NC2022MS0001O	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	<u>4/1/2022</u>
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes  
 No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.



# NC - Submission Package - NC2022MS0001O - (NC-22-0012) - Eligibility

Summary Reviewable Units Versions Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	NC2022MS0001O	<b>SPA ID</b>	NC-22-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/3/2022
<b>Approval Date</b>	N/A	<b>Effective Date</b>	<a href="#">4/1/2022</a>
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

#### B. Options for Continuous Eligibility for Children

The state provides continuous eligibility to children.

- Yes  
 No

1. Continuous eligibility is provided to all children of the following age:

- a. Under age 19  
 b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies  
 b. The end of the continuous eligibility period, which is:  
 i. 12 months  
 ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;  
 b. The child or the child's representative voluntarily requests a termination of the child's eligibility;  
 c. The child ceases to be a resident of the state;  
 d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or  
 e. The child attains the maximum age specified in B.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 9/22/2022 8:33 AM EDT*