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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
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
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001O | NC-22-0012
CMS-10434 OMB 0938-1188

Package Header

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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

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<tr>
<td>Mandatory Eligibility Groups</td>
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<td>NC-21-0025</td>
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<tr>
<td>Pregnant Women</td>
<td>4/1/2022</td>
<td>NC-14-0004</td>
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<tr>
<td>Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage</td>
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<td>NEW</td>
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<tr>
<td>Continuous Eligibility for Children</td>
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**Page Number of the Superseded Plan Section or Attachment (If Applicable):**
Executive Summary

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

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<th>Federal Fiscal Year</th>
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<td>Second 2023</td>
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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).

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<tr>
<td>22-0012 Secretary_s Letter.doc (signed) (1)</td>
<td>5/3/2022 11:21 AM EDT</td>
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Governor's Office Review

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

Describe: This provision was included in NC Governor's 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.
Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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

### Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
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<td>Parents and Other Caretaker Relatives</td>
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<td>CONVERTED</td>
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<tr>
<td>Pregnant Women</td>
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<td>CONVERTED</td>
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<tr>
<td>Deemed Newborns</td>
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<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
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<td>Former Foster Care Children</td>
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<td>Transitional Medical Assistance</td>
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<td>Extended Medicaid due to Spousal Support Collections</td>
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### Aged, Blind and Disabled

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<th>Eligibility Group Name</th>
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<td>Closed Eligibility Groups</td>
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<td>Individuals Deemed To Be Receiving SSI</td>
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<tr>
<td>Working Individuals under 1619(b)</td>
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<tr>
<td>Qualified Medicare Beneficiaries</td>
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<td>Qualified Disabled and Working Individuals</td>
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<td>Specified Low Income Medicare Beneficiaries</td>
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<tr>
<td>Qualifying Individuals</td>
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</table>
B. The state elects the Adult Group, described at 42 CFR 435.119.

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

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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

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

A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. 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%
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

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:


  b2. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(II) (qualified pregnant women), 1902(a)(10)(A)(II)(II) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(II)(III) (optional poverty level-related pregnant women), 1902(a)(10)(A)(II)(IV) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(II)(V) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

  b3. 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.

  b4. 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.

  b5. 185% FPL

- c. The amount of the maximum income standard is: FPL 196.00%
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).

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 submission 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.

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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.

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