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State/Territory Name: **North Carolina**

State Plan Amendment (SPA) #: **NC-23-0028**

- 1) Approval Letter
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Financial Management Group

October 12, 2023

Jay Ludlam, Deputy Secretary
Office of Deputy Secretary
North Carolina Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-20014

Re: North Carolina Title XIX FMAP State Plan Amendment, Transmittal # 23-0028

Dear Deputy Secretary Ludlam:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), NC 23-0028, which was submitted to the Centers for Medicare & Medicaid Services on August 15, 2023. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in 42 CFR 435.119.

Based on the information provided, the Medicaid SPA 23-0028 is approved with an effective date of December 1, 2023. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

If you have any additional questions or need further assistance, please contact Stuart Goldstein at (410) 786-0694 or by email at Stuart.Goldstein@cms.hhs.gov.

Sincerely,

Charlie Arnold
Director of Financial Policy

Enclosures:

cc: Emma Sandoe, Deputy Director Medicaid Policy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0</u> <u>2 8</u>	2. STATE <u>NC</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 01, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §435.119 / NC SL-2023-07	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>0</u> b. FFY <u>25</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 18 to Attachment 2.6A, Pages 1- 6(new)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) N/A	

9. SUBJECT OF AMENDMENT

Medicaid Expansion FMAP

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED: **Secretary**

11. SIGNATURE OF STATE AGENCY OFFICIAL <i>Jay Ludlam</i> <small>06565C1C2A8F4C8...</small>	15. RETURN TO Office of the Deputy Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
12. TYPED NAME Jay Ludlam	
13. TITLE Deputy Secretary	
14. DATE SUBMITTED 8/15/2023	

FOR CMS USE ONLY

16. DATE RECEIVED August 15, 2023	17. DATE APPROVED October 12, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Charlie Arnold	21. TITLE OF APPROVING OFFICIAL Director of Financial Policy

22. REMARKS
Pen/Ink Authorizations:
Block 4: **REMOVE** - October 1, 2023; **ADD: December 1, 2023**
Block 5 - **REMOVE** - NC SL-2023-07; **ADD: 42 CFR Part 440, Subpart C**

Block 7: **ADD: Attachment A and Attachment E**

State Plan Under Title XIX of the Social Security Act

State: North Carolina

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 01/06/2017. In general, and subject to any adjustments described

in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

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Supersedes

TN No: NEW

Approval Date: 10/12/2023

Effective Date: 12/01/2023

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter “Not covered”.</p>	Enter “Y” (Yes), “N” (No), or “NA” in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.			
A	B	C	D	E	F
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A
Children Age 19 or 20	Attachment A, Column C, Line 4 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
Childless Adults	Attachment A, Column C, Line 5 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A

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 Supersedes
 TN No. NEW

Approval Date: 10/12/2023

Effective Date: 12/01/2023

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

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Approval Date: 10/12/2023

Effective Date: 12/01/2023

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

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Approval Date: 10/12/2023

Effective Date: 12/01/2023

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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 4 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.

TN No: 23-0028
Supersedes
TN No: NEW

Approval Date: 10/12/2023

Effective Date: 12/01/2023

Attachment A
Most Recent Updated Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan*
NORTH CAROLINA

01/06/2017

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibility standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives					
	Dollar standards by family size					
	1	\$362	\$429			
	2	\$472	\$562			
	3	\$544	\$657			
	4	\$594	\$730			
	5	\$648	\$807	yes	Part 1 of approved state MAGI conversion plan	SIPP
	6	\$698	\$881			
	7	\$746	\$952			
	8	\$772	\$1,001			
	9	\$812	\$1,064			
10	\$860	\$1,135				
add-on	\$50	\$73				
2	Noninstitutionalized Disabled Persons	100%	102%	n/a	new SIPP conversion	SIPP
	FPL %					
3	Institutionalized Disabled Persons	same as non-institutionalized disabled	same as non-institutionalized disabled	n/a	same as non-institutionalized disabled	same as non-institutionalized disabled
4	Children Age 19-20					
	Dollar standards by family size					
	1	\$362	\$429			
	2	\$472	\$562			
	3	\$544	\$657			
	4	\$594	\$730			
	5	\$648	\$807	yes	Part 1 of approved state MAGI conversion plan	SIPP
	6	\$698	\$881			
	7	\$746	\$952			
	8	\$772	\$1,001			
	9	\$812	\$1,064			
10	\$860	\$1,135				
add-on	\$50	\$73				
5	Childless Adults	n/a	n/a	n/a	n/a	n/a

n/a: Not applicable.

*The contents of this table will be updated automatically in the case of modifications in the CMS approved MAGI Conversion Plan.

Attachment E

Transition Populations. The North Carolina Department of Health and Human Services (DHHS) is committed to providing a smooth transition for those currently enrolled in Medicaid who may be eligible under the new adult group. DHHS intends to align its adult group Alternative Benefit Plan package with the State Plan benefit package. The transition populations include:

- **Family Planning Benefit Program (FPBP).** FPBP is North Carolina’s limited-benefit family planning program authorized through a State Plan Amendment. The program covers non-pregnant individuals (of any age) with MAGI-based household income at or below 195 percent of the federal poverty level (FPL). Prior to Medicaid expansion effective date, DHHS anticipates that during the unwinding period, most people who are no longer eligible for full Medicaid benefits due to income will be moved to FPBP, if eligible. Upon Medicaid expansion, most current FPBP enrollees with incomes below 133 percent of the FPL will be eligible for full Medicaid in the adult group and will be moved to that group.
- **Additional MAGI Medicaid Populations with Income Below 133 Percent of the FPL.** As a condition of receiving the 6.2 percent enhanced FMAP, North Carolina has continuously maintained coverage for Medicaid enrollees (“continuous enrollment period”). As part of the State’s Medicaid expansion transition plan, the State will also evaluate whether individuals in other Medicaid eligibility categories can be transitioned to the new adult group when they are reviewed as part of their renewal process, as explained further below. These potential transition populations will include:
 - Children who have turned 19 (or 21 in the optional Reasonable Classification group) and whose coverage was maintained during the continuous enrollment period;
 - Individuals at the end of their 12-month postpartum period;
 - Parents/Caretaker Relatives whose coverage was maintained during the continuous enrollment period but are no longer eligible; and
 - Individuals whose most recent enrollment has been in a medically needy group.

Transition Process.

- **Individuals whom the State has eligibility information that is less than 12 months old.** The State’s eligibility and enrollment system contains MAGI-based household income data for each enrollee from their most recent eligibility determination. The State will use the most recent eligibility determination information if it is less than 12 months old to transfer individuals identified as eligible for expanded Medicaid to a new adult group aid category with coverage beginning on the effective date of expansion. These individuals will retain their current redetermination date and will undergo a full redetermination process during their redetermination period. At least 10 days prior to an individual’s effective date of coverage in the new adult expansion group, the State will send a notice which complies 42 CFR Part 431, Subpart E and informs the individual of their coverage effective date, change in benefits, reporting obligations and where to go to have questions answered.
- **Individuals whom the State has eligibility information that is greater than 12 months old.** The State will conduct a full redetermination at the regularly scheduled renewal date for individuals for whom the State has eligibility information that is older than 12 months old. If the State finds they are eligible under the new adult group through an ex-parte redetermination process or

after a submission of a renewal form, the State will move the individuals into the new adult group. At least 10 days prior to an individual's effective date of coverage in the new adult expansion group, the State will send a notice which complies 42 CFR Part 431, Subpart E and informs the individual of their new coverage, change in benefits, new redetermination date, reporting obligations and where to go to have questions answered.