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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0030

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- 3) Approved SPA Pages

NC - Submission Package - NC2023MS00020 - (NC-23-0030) - Eligibility

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

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



Center for Medicaid & CHIP Services

October 12, 2023

Jay Ludlam
Deputy Secretary of Medical Assistance
Division of Medical Assistance
1985 Umstead Drive
Raleigh, NC 27603

Re: Approval of State Plan Amendment NC-23-0030

Dear Jay Ludlam,

On August 15, 2023, the Centers for Medicare and Medicaid Services (CMS) received North Carolina State Plan Amendment (SPA) NC-23-0030, in which the state proposed to add coverage of the adult group to its state plan.

We approve North Carolina State Plan Amendment (SPA) NC-23-0030 with an effective date(s) of December 01, 2023.

If you have any questions regarding this amendment, please contact Morlan Lannaman at morlan.lannaman@cms.hhs.gov.

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

NC - Submission Package - NC2023MS00020 - (NC-23-0030) - Eligibility

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS00020 | NC-23-0030

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2023MS00020	SPA ID	NC-23-0030
Submission Type	Official	Initial Submission Date	8/15/2023
Approval Date	10/12/2023	Effective Date	N/A
Superseded SPA ID	N/A		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 | NC2023MS00020 | NC-23-0030

Package Header

Package ID NC2023MS00020
Submission Type Official
Approval Date 10/12/2023
Superseded SPA ID N/A

SPA ID NC-23-0030
Initial Submission Date 8/15/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID NC-23-0030

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	12/1/2023	NC-23-0009
Adult Group	12/1/2023	NC-13-0014-MM1

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS00020 | NC-23-0030

Package Header

Package ID	NC2023MS00020	SPA ID	NC-23-0030
Submission Type	Official	Initial Submission Date	8/15/2023
Approval Date	10/12/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives NC has passed legislation with HB76, signed by the Governor on March 27th, 2023, the intent to expand Medicaid non-pregnant adults, who are between the ages of 19-64 and who have household income at or below 133% of the FPL. These individuals may not be otherwise eligible for and enrolled in Medicaid under a mandatory group, including the group for former foster care children and not entitled to or enrolled in Medicare Part A or B.

Federal Budget Impact and Statute/Regulation Citation




Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$2935080000
Second	2025	\$4679730000

Federal Statute / Regulation Citation

1902 (a)(10(A)(I)(VIII)), 42 CFR 435.119 and NC HB-76 ACT TO PROVIDE NC CITIZENS WITH GREATER ACCESS TO HEALTHCARE OPTIONS

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Expansion Eligibility SPA V4.xlsx	9/20/2023 6:51 PM EDT	
23-0030_CMS_179 bjs	9/25/2023 8:06 AM EDT	
23-0030_Secretary_s_Letter.doc	9/25/2023 8:08 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS00020 | NC-23-0030

Package Header

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Governor's Office Review

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

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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NC - Submission Package - NC2023MS00020 - (NC-23-0030) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS00020 | NC-23-0030

CMS-10434 OMB 0938-1188

Package Header

Package ID	NC2023MS00020	SPA ID	NC-23-0030
Submission Type	Official	Initial Submission Date	8/15/2023
Approval Date	10/12/2023	Effective Date	12/1/2023
Superseded SPA ID	NC-23-0009		
	User-Entered		

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"/>	APPROVED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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"/>	APPROVED
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 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS00020 | NC-23-0030

Package Header

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	User-Entered		

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

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPROVED

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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NC - Submission Package - NC2023MS0002O - (NC-23-0030) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0002O | NC-23-0030

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	NC2023MS0002O	SPA ID	NC-23-0030
Submission Type	Official	Initial Submission Date	8/15/2023
Approval Date	10/12/2023	Effective Date	<u>12/1/2023</u>
Superseded SPA ID	NC-13-0014-MM1		
	User-Entered		

The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

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 amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:
 - a. Under age 20
 - b. Under age 21

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E. Additional Information (optional)

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