



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

April 19, 2022

SIGNATURE REQUEST MEMORANDUM

TO: Kody H. Kinsley, Secretary

THROUGH: Dave Richard, Deputy Secretary

FROM: Cecilia Williams, SPA Coordinator

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2022- 0012

Purpose

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on April 19, 2022, with a due date of June 30, 2022.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Cecilia Williams, Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson and Dave Richard.

Background and Summary of Request

It is recommended that you sign the State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

The State Plan Amendment (SPA) requests authority for the following change to the NC Medicaid State Plan.

- This state plan amendment will provide 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 April 1, 2022 and is available through March 31, 2027.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Cecilia Williams at (919) 527-7105.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • OFFICE OF THE SECRETARY

LOCATION: 101 Blair Drive, Adams Building, Raleigh, NC 27603
MAILING ADDRESS: 2001 Mail Service Center, Raleigh, NC 27699-2000
www.ncdhhs.gov • TEL: 919-855-4800 • FAX: 919-715-4645

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NC - Submission Package - NC2022MS0001D - Eligibility

- Summary
- Reviewable Units
- News
- Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	NC2022MS0001D	Submission Type	Draft
Program Name	N/A	State	NC
Version Number	1	Region	Atlanta, GA
		Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

Package Header

Package ID	NC2022MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	North Carolina	Medicaid Agency Name:	Division of Medical Assistance
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

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Package ID	NC2022MS0001D	SPA ID	N/A
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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		
Second		

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	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

Package Header

Package ID NC2022MS0001D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date 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.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☐ Eligibility

☐ Income/Resource Methodologies

☐ Income/Resource Standards

☐ Mandatory Eligibility Groups

☐ Optional Eligibility Groups

☐ Non-Financial Eligibility

☐ Eligibility and Enrollment Processes

- ☐ Eligibility Process
- ☐ Application
- ☐ Presumptive Eligibility
- ☐ Continuous Eligibility for Children

Reviewable Unit Name	Included in Another Submission Package	Source Type
Continuous Eligibility for Children	(NEW

- ☐ Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Reviewable Unit Name	Included in Another Submission Package	Source Type
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	(NEW

- ☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

Package Header

Package ID	NC2022MS0001D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☒ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice

Select the type of website

- ☐ Website of the State Medicaid Agency or Responsible Agency

Date of Posting:

Website URL:

- ☐ Website for State Regulations
- ☐ Other

- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
No items available		

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits

- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

Package Header

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
- ☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes
- ☐ No

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- ☐ All Indian Health Programs
- ☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- ☐ All Indian Tribes

Date of consultation:	Method of consultation:

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
No items available		

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery

☐ Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

Package Header

Package ID	NC2022MS0001D	SPA ID	N/A
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Superseded SPA ID	N/A		

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)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | NC2022MS0001D

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Superseded SPA ID	N/A		

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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