March 13, 2023

James Scott, Director  
Division of Program Operations  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
601 East 12th Street Room 355  
Kansas City, Missouri 64106  

SUBJECT: State Plan Amendment  
Title XIX, Social Security Act  
Transmittal #2023-0007

Dear Mr. Scott:

Please find attached an Amendment for North Carolina’s State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected page is S33 TN No:13-0014-MM1. This State Plan change requires states to cover under the Former Foster Care Coverage (FFCC) group individuals who aged out of foster care from any state. This change eliminates the requirement that an individual is not eligible for another mandatory eligibility group (other than the Adult Group) to be eligible for FFCC. Additionally, this category will cover individuals who age out of foster care at age 18 (or other such higher age as that state has elected up to 21) and were enrolled in Medicaid in any state while in Foster Care.

The proposed effective date is January 01, 2023.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Cecilia Williams at (919) 270-2530.

Sincerely,

Jay Ludlam  
Deputy Secretary, NC Medicaid

Enclosures
Package Information

Package ID: NC2023MS0001D
Submission Type: Draft
State: NC
Region: Atlanta, GA
Package Status: Pending

Submission - Summary

MEDI CAID | Medicaid State Plan | Eligibility | NC2023MS0001D

Package Header

Package ID: NC2023MS0001D
Submission Type: Draft
Approval 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Superseded SPA ID: N/A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

Executive Summary
Summary Description including Goals and Objectives

The purpose of this State Plan Change is to implement the changes for the Former Foster Youth, who were in foster care under the responsibility of any state or territory or a tribe within any state upon turning 18 or such higher age (up to 21) and were enrolled in Medicaid in any state or territory or tribe while in such foster care and who are under age 16.

Federal Budget Impact and Statute/Regulation Citation

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<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>First</td>
<td>$60259</td>
</tr>
<tr>
<td>Second</td>
<td>$78031</td>
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</table>

Federal Statute / Regulation Citation

Section 1002(a) of the Substance Use Disorder Prevention Act-Support Act. Section 1002(a) and NC GS Title 10A, Health and Human Services, subchapter 7OB- Foster Care Services.

Supporting documentation of budget impact is uploaded (optional).

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No items available

Submission - Summary

MEDI A/ | Medicaid State Plan | Eligibility | NC2023M50001D

Package Header

Package ID: NC2023M50001D
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

Submission - Medicaid State Plan

MEDI A/ | Medicaid State Plan | Eligibility | NC2023M50001D

CMS 10434 0MB 0938 1188
The submission includes the following:

- Administration
- Eligibility
  - Income/Resource Methodologies
  - Income/Resource Standards
  - Mandatory Eligibility Groups

### Reviewable Unit Name

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<tr>
<th>Included in Another Submission Type Package</th>
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</thead>
<tbody>
<tr>
<td>Mandatory Eligibility Groups</td>
<td>APPROVED</td>
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</table>

- Optional Eligibility Groups
- Non-Financial Eligibility
- Eligibility and Enrollment Processes

- Benefits and Payments

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### Submission - Public Comment

**Medicaid | Medicaid State Plan | Eligibility | NC2023M50001D**

#### Package Header

- **Package ID**: NC2023M50001D
- **SPA ID**: N/A
- **Submission Type**: Draft
- **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

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### Submission - Tribal Input

**Medicaid | Medicaid State Plan | Eligibility | NC2023M50001D**

#### Package Header

- **Package ID**: NC2023M50001D
- **SPA ID**: N/A
- **Submission Type**: Draft
- **Initial Submission Date**: N/A
- **Effective Date**: N/A
- **Superseded SPA ID**: N/A
One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes
No

Medicaid State Plan Eligibility
Mandatory Eligibility Groups

Package Header

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<th>Package ID</th>
<th>SPA ID</th>
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Mandatory Coverage

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>
<th>Source Type</th>
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<tbody>
<tr>
<td>Infants and Children under Age 19</td>
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<tr>
<td>Parents and Other Caretaker Relatives</td>
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<td></td>
<td>CONVERTED</td>
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<tr>
<td>Pregnant Women</td>
<td></td>
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<td></td>
<td>APPROVED</td>
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<tr>
<td>Deemed Newborns</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Children with Title IV Adoption Assistance, Foster Care or Guardianship Care</td>
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<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Former Foster Care Children</td>
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<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Transitional Medical Assistance</td>
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<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
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Aged, Blind and Disabled
<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
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<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Beneficiaries</td>
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<tr>
<td>Closed Eligibility Groups</td>
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<td>NEW</td>
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<tr>
<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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<tr>
<td>Qualified Disabled and Working Individuals</td>
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<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
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<tr>
<td>Qualifying Individuals</td>
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**Mandatory Eligibility Groups**

MEDICAID | Medicaid State Plan | Eligibility | NC2023M5001D

**Package Header**

- **Package ID**: NC2023M50001D
- **Submission Type**: Draft
- **Approval Date**: N/A
- **Superseded SPA ID**: NC-22-0012
  - System-Derived

**SPA ID**: N/A

- **Initial Submission Date**: N/A
- **Effective Date**: N/A

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

**Medicaid State Plan Eligibility**
Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | NC2023M50001D

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

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</tbody>
</table>

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:
1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state’s or Tribe’s foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:
   a. Upon attaining age 18 or a higher age at which the state’s or Tribe’s foster care assistance ends under title IV-E of the Act (up to age 21) were:
      i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
      ii. Enrolled in Medicaid under the state’s Medicaid state plan or 1115 demonstration; and
   b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state’s or Tribe’s foster care assistance ends under title IV-E of the Act, and meet the following criteria:
   a. They were enrolled in Medicaid under the state’s Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state’s or Tribe’s foster care assistance ends.
   b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state’s Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state’s or Tribe’s foster care assistance ends.
   c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state’s Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state’s or Tribe’s foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:
   a. Upon attaining age 18 or a higher age at which the state’s or Tribe’s foster care assistance ends under title IV-E of the Act (up to age 21) were:
      i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
      ii. Enrolled in Medicaid under a state’s Medicaid state plan or 1115 demonstration; and
   b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state’s or Tribe’s foster care assistance ends under title IV-E of the Act, and meet the following criteria:
   a. They were enrolled in Medicaid under a state’s Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state’s or Tribe’s foster care assistance ends.
   b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state’s Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state’s or Tribe’s foster care assistance ends.
   c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state’s Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state’s or Tribe’s foster care assistance ends.
Former Foster Care Children
MEDICAID | Medicaid State Plan | Eligibility | NC2023M50001D

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D. 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 estimates(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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