




NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam ^{DS}

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2023-0031

Purpose

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on August 24, 2023, with a due date of August 31, 2023.

Clearance

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

Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson

Background and Summary of Request

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

Please find attached a State Plan Amendment (SPA) that include Medicaid expansion enrolled members in the Community Care of North Carolina (CCNC). This will increase costs as CCNC participation increases with new eligibility, however CMS guidance was that all expenses and savings related to Medicaid expansion are covered in the Eligibility SPA, as such this SPA contains no fiscal impact.

The proposed effective date is October 01, 2023.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at (919) 538-3215.

State: North Carolina

2. Pregnant Women	\$435.116	X			See row 1	See row 1
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	\$435.118	X			See row 1	See row 1
4. Former Foster Care Youth (up to age 26)	\$435.150	X			See row 1	See row 1
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	\$435.119	X			See row 1	See row 1
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA	X			See row 1	See row 1
7. Extended Medicaid Due to Spousal Support Collections	\$435.115	X			See row 1	See row 1

TN No. 23-0031
 Supersedes
 TN No. 21-0009

Approval Date:

Effective Date: 10/01/2023