




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 

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2023-0032

Purpose

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on August 31, 2023, with a due date of September 6, 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 Tribal Option, which requires a separate SPA from the primary Eligibility SPA. This will increase costs as tribal enrollment 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.

NC MEDICAID

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

CMS-PM-10120..... ATTACHMENT 3.1-F (Part 2)

Date: [10/01/2023] Page 6

..... OMB No.: 0938-933

State: North Carolina

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)**1. Family/Adult**

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Tribal members and other IHS eligible beneficiaries from Buncombe, Clay, Henderson, Macon, Madison and Transylvania counties may also opt-in. Tribal members and other IHS eligible beneficiaries are exempt from managed care and may request disenrollment from the Tribal Option PCCM entity at any time upon request to the Department and/or its Vendor partners.
2. Pregnant Women	§435.116		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
4. Former Foster Care Youth (up to age 26)	§435.150		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.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		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1
7. Extended Medicaid Due to Spousal Support Collections	§435.115		X		Cherokee, Graham, Haywood, Jackson and Swain Counties.	Same as Row A.1

TN No. 23-0032

Supersedes

TN No. 21-0011

Approval Date:

Effective Date: 10/01/2023