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

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

CMS-10434 OMB 0938-1188

Package Information

Package ID	NC2023MS0002O	Submission Type	Official
Program Name	N/A	State	NC
SPA ID	NC-23-0030	Region	Atlanta, GA
Version Number	4	Package Status	Approved
Submitted By	Betty Staton	Submission Date	8/15/2023
Package Disposition		Approval Date	10/12/2023 10:36 AM EDT

Submission - Summary

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

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	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Superseded SPA ID	N/A		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	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Superseded SPA ID N/A	

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Reviewable Unit	Proposed Effective Date	Superseded SPA ID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Page Number of the Superseded Plan Section or Attachment (If Applicable):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Superseded SPA ID	N/A		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

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		

Governor's Office Review

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

Submission - Medicaid State Plan

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

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

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

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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: Aug 4, 2023

Website URL: <https://medicaid.ncdhhs.gov/meetings-notices/medicaid-state-plan-public-notices>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
23-0030 10-Day Public Notice Medicaid Expansion Eligibility	8/15/2023 12:44 PM EDT	

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 | NC2023MS00020 | NC-23-0030

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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

Date of solicitation/consultation:	Method of solicitation/consultation:
7/18/2023	The NC Department of Health and Human Services solicited input from the Eastern Band of Cherokee Indian Tribe (EBCI) and IHS programs via email. A copy of the SPA package accompanied the Tribal Consultation memo.




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:
7/18/2023	The NC Department of Health and Human Services solicited input from the Eastern Band of Cherokee Indian Tribe (EBCI) and IHS programs via email. A copy of the SPA package accompanied the Tribal Consultation memo.

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	
Tribal Response Eligibility SPA Tribal Notice 7-17-2023	8/3/2023 9:13 AM EDT	
23-0015 Tribal Consultation Questions	8/15/2023 9:13 AM EDT	
Unity 1	8/15/2023 9:13 AM EDT	

Indicate the key issues raised (optional)

- Access
- Quality

- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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	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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input 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 
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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




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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

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

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

Not Started

In Progress

Complete

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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

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

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E. 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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