

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

August 4, 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 #2023-0030

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.

This State Plan Change will allow Medicaid to add language to the state plan to establish mandatory coverage for the Medicaid expansion eligibility group. Mandatory coverage for the Medicaid expansion group includes those that are 19 through 64 years-old, not pregnant, not eligible for Medicare Part A or B, not eligible for Medicaid under other mandatory eligibility groups, have a household income at or below 133% of the federal poverty level.

The proposed effective date of the SPA is October 01, 2023.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:  
A handwritten signature in black ink that reads "Jay Ludlam".  
06565C1C2A8F4C8...

Jay Ludlam  
Deputy Secretary

Enclosures

[Records](#) / [Submission Packages - Your State](#)

# NC - Submission Package - NC2023MS00020 - (NC-23-0030) - Eligibility

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

CMS-10434 OMB 0938-1188

## Package Information

|                       |               |                         |                |
|-----------------------|---------------|-------------------------|----------------|
| <b>Package ID</b>     | NC2023MS00020 | <b>Submission Type</b>  | Official       |
| <b>Program Name</b>   | N/A           | <b>State</b>            | NC             |
| <b>SPA ID</b>         | NC-23-0030    | <b>Region</b>           | Atlanta, GA    |
| <b>Version Number</b> | 1             | <b>Package Status</b>   | Review         |
| <b>Submitted By</b>   | Betty Staton  | <b>Submission Date</b>  | 8/15/2023      |
|                       |               | <b>Regulatory Clock</b> | 87 days remain |
|                       |               | <b>Review Status</b>    | Review 1       |

# Submission - Summary

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

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | NC2023MS00020 | <b>SPA ID</b>                  | NC-23-0030 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 8/15/2023  |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

Reviewable Unit Instructions

## 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** N/A

**Effective Date** N/A

**Superseded SPA ID** N/A

#### Reviewable Unit Instructions

### SPA ID and Effective Date

**SPA ID** NC-23-0030

| Reviewable Unit              | Proposed Effective Date | Superseded SPA ID |
|------------------------------|-------------------------|-------------------|
| Mandatory Eligibility Groups | 10/1/2023               | NC-22-0012        |
| Adult Group                  | 10/1/2023               | NEW               |

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

### Submission - Summary

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

### Package Header

|                          |               |                                |            |
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| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

Reviewable Unit Instructions

### 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  | 2023                | \$0    |
| Second | 2024                | \$0    |

#### 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 |
|--------------------|--------------|
| No items available |              |

## Submission - Summary

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

### Package Header

**Package ID** NC2023MS00020  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** NC-23-0030  
**Initial Submission Date** 8/15/2023  
**Effective Date** N/A

#### Reviewable Unit Instructions

### Governor's Office Review

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

# Submission - Medicaid State Plan

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

## Package Header

|                                 |  |
|---------------------------------|--|
| <b>Package ID</b> NC2023MS00020 | <b>SPA ID</b> NC-23-0030                 |
| <b>Submission Type</b> Official | <b>Initial Submission Date</b> 8/15/2023 |
| <b>Approval Date</b> N/A        | <b>Effective Date</b> N/A                |
| <b>Superseded SPA ID</b> N/A    |  |

### Reviewable Unit Instructions

#### 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           |   |
|---|------------------------|---|
| <a href="#">23-0030 10-Day Public Notice Medicaid Expansion Eligibility</a> | 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

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 8/15/2023  |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

### Reviewable Unit Instructions

**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          |   |
|---|-----------------------|---|
| <a href="#">Tribal Response Eligibility SPA Tribal Notice 7-17-2023</a> | 8/3/2023 9:13 AM EDT  |  |
| <a href="#">23-0015 Tribal Consultation Questions</a>                   | 8/15/2023 9:13 AM EDT |  |
| <a href="#">Unity 1</a>   | 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

|                          |                |                                |            |
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| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | 8/15/2023  |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | 10/1/2023  |
| <b>Superseded SPA ID</b> | NC-22-0012     |                                |            |
|                          | System-Derived |                                |            |

**Reviewable Unit Instructions**

### 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                 |  | <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  |
|---|---|--------------------------|---|--|---|
| Working Individuals                         |   |                          |   |  |   |
| 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

## Package Header


|                          |                |                                |            |
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| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | 8/15/2023  |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | 10/1/2023  |
| <b>Superseded SPA ID</b> | NC-22-0012     |                                |            |
|                          | System-Derived |                                |            |

### Reviewable Unit Instructions

**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 <span>?</span> | Included in Another Submission Package | Source Type <span>?</span> |
|------------------------|---|--------------------------|--------------------------------------|--|----------------------------|
| Adult Group            |  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="radio"/>                  | NEW                        |

### 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

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 8/15/2023  |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | 10/1/2023  |
| <b>Superseded SPA ID</b> | NEW           |                                |            |
|                          | User-Entered  |                                |            |

#### Reviewable Unit Instructions

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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| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

**Reviewable Unit Instructions**

### 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.

*This view was generated on 8/18/2023 1:39 PM EDT*