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,

Jay Ludlam
Deputy Secretary

Enclosures
Package Information

Package ID: NC2023MS0002O
Program Name: N/A
SPA ID: NC-23-0030
Version Number: 1
Submitted By: Betty Staton

Submission Type: Official
State: NC
Region: Atlanta, GA
Package Status: Review
Submission Date: 8/15/2023
Regulatory Clock: 87 days remain
Review Status: Review 1
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NC2023M50002O | NC-23-0030

Package Header

Package ID NC2023M50002O
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Superseded SPA ID N/A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

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 | NC2023MS0002O | NC-23-0030

Package Header

- **Package ID**: NC2023MS0002O
- **Submission Type**: Official
- **Approval Date**: N/A
- **Superseded SPA ID**: N/A

Reviewable Unit Instructions

SPA ID and Effective Date

- **SPA ID**: NC-23-0030

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
<th>Proposed Effective Date</th>
<th>Superseded SPA ID</th>
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</thead>
<tbody>
<tr>
<td>Mandatory Eligibility Groups</td>
<td>10/1/2023</td>
<td>NC-22-0012</td>
</tr>
<tr>
<td>Adult Group</td>
<td>10/1/2023</td>
<td>NEW</td>
</tr>
</tbody>
</table>

Page Number of the Superseded Plan Section or Attachment (If Applicable):
Submission - Summary

Executive Summary

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

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>First 2023</td>
<td>$0</td>
</tr>
<tr>
<td>Second 2024</td>
<td>$0</td>
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</table>

Federal Statute / Regulation Citation

1902 (a)(10)(A)(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).

No items available
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NC2023M50002O | NC-23-0030

Package Header

- **Package ID**: NC2023M50002O
- **SPA ID**: NC-23-0030
- **Submission Type**: Official
- **Approval Date**: N/A
- **Superseded SPA ID**: 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 | 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

<table>
<thead>
<tr>
<th>Reviewable Unit Name</th>
<th>Included in Another Submission Package</th>
</tr>
</thead>
<tbody>
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<td>Mandatory Eligibility Groups</td>
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</table>

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

- Benefits and Payments
Submission - Public Comment

Package Header

Package ID NC2023M50002O
Submission Type Official
Approval Date N/A
Superseded SPA ID 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
- Website for State Regulations
- Other

Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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</thead>
<tbody>
<tr>
<td>23-0030 10-Day Public Notice Medicaid Expansion Eligibility</td>
<td>8/15/2023 12:44 PM EDT</td>
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Upload with this application a written summary of public comments received (optional)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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</table>

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

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state
交易所是 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.
交易所是 Yes
No

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

<table>
<thead>
<tr>
<th>Date of solicitation/consultation</th>
<th>Method of solicitation/consultation</th>
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</thead>
<tbody>
<tr>
<td>7/18/2023</td>
<td>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.</td>
</tr>
</tbody>
</table>

□ 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

<table>
<thead>
<tr>
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<th>Method of consultation</th>
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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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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<tr>
<td>Tribal Response Eligibility SPA Tribal Notice 7-17-2023</td>
<td>8/3/2023 9:13 AM EDT</td>
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<tr>
<td>23-0015 Tribal Consultation Questions</td>
<td>8/15/2023 9:13 AM EDT</td>
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<tr>
<td>Unity 1</td>
<td>8/15/2023 9:13 AM EDT</td>
</tr>
</tbody>
</table>

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 | NC2023MS0002O | NC-23-0030

### Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>NC2023MS0002O</th>
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<tr>
<td>Submission Type</td>
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<td>Approval Date</td>
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<td>Superseded SPA ID</td>
<td>NC-22-0012</td>
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</table>

### Reviewable Unit Instructions

**SPA ID** | NC-23-0030
---|---
**Initial Submission Date** | 8/15/2023
**Effective Date** | 10/1/2023

## 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>
<td></td>
<td></td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Parents and Other Caretaker Relatives</td>
<td></td>
<td></td>
<td></td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td></td>
<td></td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Deemed Newborns</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
<td></td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Former Foster Care Children</td>
<td></td>
<td></td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Transitional Medical Assistance</td>
<td></td>
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<td>NEW</td>
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<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
<td></td>
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</table>

### Aged, Blind and Disabled

<table>
<thead>
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<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
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<tbody>
<tr>
<td>SSI Beneficiaries</td>
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<tr>
<td>Closed Eligibility Groups</td>
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</tr>
<tr>
<td>Individuals Deemed To Be Receiving SSI</td>
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<td>NEW</td>
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<tr>
<td>Working Individuals under 1619(b)</td>
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<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Qualified Medicare Beneficiaries</td>
<td></td>
<td></td>
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<tr>
<td>Qualified Disabled and</td>
<td></td>
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<tr>
<td>Eligibility Group Name</td>
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<td>Source Type</td>
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<td>----------------------------------------</td>
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<tr>
<td>Working Individuals</td>
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</tr>
<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
<td>☐</td>
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<td>NEW</td>
</tr>
<tr>
<td>Qualifying Individuals</td>
<td>☐</td>
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</table>
### Mandatory Eligibility Groups

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

#### Package Header

- **Package ID**: NC2023MS0002O
- **Submission Type**: Official
- **Approval Date**: N/A
- **Superseded SPA ID**: NC-22-0012
- **System-Derived Reviewable Unit Instructions**

#### SPA ID**: NC-23-0030
- **Initial Submission Date**: 8/15/2023
- **Effective Date**: 10/1/2023

#### Reviewable Unit Instructions

**B. The state elects the Adult Group, described at 42 CFR 435.119.**

- [ ] Yes  [ ] No

#### Families and Adults

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<td></td>
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#### 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

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

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 | NC2023MS0002O | NC-23-0030

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</tr>
</tbody>
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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