



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

August 31, 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 #2023-0032

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 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 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:

Jay Ludlam

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Jay Ludlam
Deputy Secretary

Enclosures

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