

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

December 11, 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 #2023-0047

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 include the adult expansion group in the Hospital Presumptive eligibility determination who meets the following criteria:

- 19- to 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 December 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:  
  
06565C1C2A8F4C8...

Jay Ludlam  
Deputy Secretary

Enclosures

# NC - Submission Package - NC2023MS0004D - Eligibility

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



CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NC2023MS0004D	<b>Submission Type</b>	Draft
<b>Program Name</b>	N/A	<b>State</b>	NC
<b>Version Number</b>	1	<b>Region</b>	Atlanta, GA
		<b>Package Status</b>	Pending

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

## Package Header

<b>Package ID</b>	NC2023MS0004D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** CFR 42 435.119 and NC SL 2023-7, signed into law in March 2023, expanded Medicaid in North Carolina to individuals who meet the following criteria:

- 19- to 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 purpose of this SPA update is to include the adult expansion group in the Hospital Presumptive eligibility determination SPA.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

#### Federal Statute / Regulation Citation

42 CFR 435.119

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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### Governor's Office Review

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

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

CMS-10434 OMB 0938-1188

## The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility	(	NEW

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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**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

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No



# Medicaid State Plan Eligibility

## Eligibility and Enrollment Processes

### Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D



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The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

#### Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

#### Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Presumptive Eligibility by Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED

## Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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### 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

## Presumptive Eligibility

### Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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<b>Superseded SPA ID</b>	NC-14-0003		
	System-Derived		

The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

#### A. Qualifications of Hospitals

A qualified hospital is a hospital that:

1. Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes  No

## Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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<b>Superseded SPA ID</b>	NC-14-0003		
	System-Derived		

## B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes  No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

## Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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	System-Derived		

### C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes  No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

**Percentage of individuals submitting a regular application:**

95.00%

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

**Percentage of individuals found eligible for Medicaid**

95.00%

The state has elected one or more other reasonable standard(s).

### D. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
  - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
  - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- Periods of presumptive eligibility are limited as follows:

- a. No more than one period within a calendar year.
- b. No more than one period within two calendar years.
- c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- e. Other reasonable limitation:

Name of limitation	Description
Pregnant Woman	For pregnant women, the presumptive period is limited to one presumptive period per pregnancy therefore the 24 month can be exceeded.
Eligibility Date	No more than one period within 24 months of the date of the presumptive eligibility determination.

## Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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	System-Derived		

### E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
DMA-5032-(H)	11/28/2023 1:58 PM EST	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

#### 5. Describe the presumptive eligibility screening process:

The hospital provider determines presumptive eligibility, by using the Presumptive Eligibility Determination form DMA 5032-H for benefits based on the applicant's self-attestation of the following eligibility criteria:

1. Citizenship, US National or satisfactory immigration status
2. NC state residency
3. Not an inmate of a public institution
4. Not receiving Medicaid in another program category, county or state and
5. Gross income equal to or less than the income limit for the individual's applicable group.
6. There is no resource test.

Presumptive eligibility is limited to:

1. Once per pregnancy for Medicaid for Pregnant Woman
2. Once in a two-year period for all other eligible programs.

### F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
  - a. A reasonable estimate of MAGI-based income is used to determine household income.
  - b. Gross income is used to determine household size.
  - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

## Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NC2023MS0004D

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**Submission Type** Draft  
**Approval Date** N/A  
**Superseded SPA ID** NC-14-0003  
System-Derived

**SPA ID** N/A  
**Initial Submission Date** N/A  
**Effective Date** N/A

### G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE for Hospitals October 2023 single slide	11/28/2023 3:01 PM EST	

### H. 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 11/29/2023 6:57 AM EST*