




NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam ^{DS}

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2024-0013

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Single State Agency- Federally Facilitated Marketplace (FFM) Determination summarized below, and submitted on February 2, 2024, with a due date of February 6, 2024.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson

Background and Summary of Request

It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

Please find attached a State Plan Amendment (SPA) that delegates authority to the Federal Marketplace to determine eligibility for individuals whose eligibility is determined following MAGI budgeting methodology. This SPA change also delegates appeal authority for FFM determinations.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at (919) 538-3215.

Records / Submission Packages - Your State

NC - Submission Package - NC2023MS0003D - Administration

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



CMS-10434 OMB 0938-1188

Package Information

Package ID	NC2023MS0003D	Submission Type	Draft
Program Name	N/A	State	NC
Version Number	1	Region	Atlanta, GA
		Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

Package Header

Package ID	NC2023MS0003D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	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Superseded SPA ID	N/A		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 | Administration | NC2023MS0003D

Package Header

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Executive Summary

Summary Description Including Goals and Objectives NC Session Law 2023-7, HB-76 An Act to Provide North Carolina Citizens with Greater Access to Healthcare Options was signed into law on March 27, 2023. The law also included a provision to decrease the Medicaid Enrollment burden on county departments of Social Services. DHHS is authorized to seek CMS approval to utilize the federally facilitated marketplace to make Medicaid eligibility determinations.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

NC SL 2023-7 and CFR 42 435.119

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

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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 | Administration | NC2023MS0003D

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Organization

Designation and Authority

Reviewable Unit Name	Included in Another Source Type Submission Package
Designation and Authority	(CONVERTED

Intergovernmental Cooperation Act Waivers

Reviewable Unit Name	Included in Another Source Type Submission Package
Intergovernmental Cooperation Act Waivers	(CONVERTED

Eligibility Determinations and Fair Hearings

Reviewable Unit Name	Included in Another Source Type Submission Package
Eligibility Determinations and Fair Hearings	(CONVERTED

Organization and Administration

Reviewable Unit Name	Included in Another Source Type Submission Package
Organization and Administration	(CONVERTED

Single State Agency Assurances

Reviewable Unit Name	Included in Another Source Type Submission Package
Single State Agency Assurances	(CONVERTED

Eligibility

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

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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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

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

- Yes
- No

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

Package Header

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Superseded SPA ID	NC-16-0001		
	System-Derived		

A. Single State Agency

1. State Name: North Carolina

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).


3. Name of single state agency:

Department of Health and Human Services

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
NC 14-0001-MM1AGCertification	10/13/2023 1:53 PM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

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Superseded SPA ID	NC-16-0001		
	System-Derived		

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

Package Header

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	System-Derived		

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver Office of Administrative Hearings (OAH)

1. Name of state agency to which responsibility is delegated:

Office of Administrative Hearings (OAH)

2. Date waiver granted:

12/27/2012

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The Office of Administrative Hearings will make final agency decisions in contested Medicaid beneficiary and provider cases as defined in paragraphs (1) and (2) below.

1. "Contested Medicaid beneficiary cases" are those defined in N.C.G.S. §150B-22 in which the single state Medicaid agency or one of its contractors or agents denies, reduces, terminates or suspends (or alleges such a decision was not acted upon with reasonable promptness), a Medicaid-reimbursable service. In all contested Medicaid beneficiary cases, OAH shall dismiss appeals when the conditions described in 42 CFR §431.223 are present, as set forth in N.C.G.S. §108A-70.9B(b)(4).

2. In all contested cases in which an enrolled Medicaid provider, or provider applicant, is challenging any decision of the single state Medicaid agency which directly or indirectly affected the provider or applicant substantially in their person, property, or employment as described in N.C.G.S. §150B-2(6). OAH shall agree to dismiss all appeals: (a) that are filed outside of the timeline set forth in N.C.G.S. §150B-23(f); (b) where the petitioner fails to timely serve the single state Medicaid agency; and (c) where the petitioner fails to pay the filing fee. Further, OAH shall agree to dismiss or impose another sanction as provided by law, all appeals where either party fails to file a Prehearing Statement or respond to discovery prior to the hearing, or where either party fails to appear at a scheduled hearing without good cause.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
- ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

The parties to this waiver acknowledge that the Division of Medical Assistance(DMA) delegates the authority to make final decisions regarding beneficiary and provider contested cases as defined in paragraphs (1) and (2) above to the North Carolina Office of Administrative Hearings (OAH).

As a condition precedent for the State of North Carolina to receive federal financial participation for the functions authorized by this waiver of the single state agency requirement found at 42 C.F.R. § 431.10(e), the North Carolina Office of Administrative Hearings (“OAH”) must acknowledge and agree in writing that it will act as a neutral and impartial decision-maker on behalf of the North Carolina single state Medicaid agency in adjudicating contested Medicaid cases and that it will comply with all applicable federal and state laws, rules and regulations governing the Medicaid program.

In addition, OAH acknowledges and agrees that, except as allowed by law, enrolled Medicaid providers have no property or liberty right in initial or continued participation or enrollment in the North Carolina State Medicaid program.

OAH acknowledges and also agrees that the issue to be determined at final hearings conducted in accordance with this waiver is whether the single state Medicaid agency or one of its contractors or agents exceeded its authority or jurisdiction, acted erroneously, failed to use proper procedure, acted arbitrarily or capriciously, and/or failed to act as required by law or rule; that it will conduct de novo reviews in beneficiary cases as set forth below; that it will cooperate with any and all federal or state audits, monitoring, or oversight necessary to substantiate that OAH expenditures are valid and reasonable; that it will assist DMA in tracking and reporting of Medicaid appeal decisions as required by law; and that it will comply with each of the following conditions of this waiver:

Except where agreed to by the parties or for other good cause, OAH agrees to schedule, hear and issue decisions in contested Medicaid beneficiary cases within the time period set forth in 42 C.F.R. §431.244(f) and N.C.G.S. §108A-70.9B(b)(1).

OAH shall schedule, hear and issue decisions in contested Medicaid provider cases within 180 days of the date the appeal is filed with OAH, except that hearings in cases where OAH has issued a temporary restraining order (“TRO”), stay or injunction shall be expedited as soon as practicable. The time for the appeal process may be extended in the event of delays caused or requested by the single state Medicaid agency.

OAH shall only issue TROs, stays or injunctions to maintain the status quo in contested beneficiary and provider Medicaid cases when the petitioner meets the requirements contained in Rule 65 of the North Carolina Rules of Civil Procedure. Any TRO so issued shall be in effect for no longer than allowed by law and shall not be continued except as provided in Rule 65. In contested Medicaid beneficiary cases, OAH shall issue TROs, stays or injunctions which require the single state Medicaid agency or a Local Management Entity operating a Prepaid Inpatient Health Plan in accordance with 42 CFR Part 438 (LME/PIHP) to continue an authorization for Medicaid-reimbursable service(s), or to authorize service(s) at any particular level or frequency, during the pendency of an appeal to the extent required to meet the requirements of 42 CFR 431.230.

DMA and OAH shall allow all parties’ witnesses to appear and testify by telephone at hearings, including but not limited to any expert witnesses, unless good cause is shown to require in person appearance by specific witnesses.

When a continuance is necessary, OAH shall only grant requests filed by either party for good cause shown, and shall ensure that hearings are not unreasonably delayed.

In contested Medicaid cases, OAH shall issue decisions that are based on the evidence introduced before the record is deemed closed by the Administrative Law Judge.

View Waiver Federal Market Place

1. Name of state agency to which responsibility is delegated:

Federal Market Place

2. Date waiver granted:

1/1/2024

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

All Fair Hearings - Confirm will this only be denials

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
 - i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

7. Additional methods for coordinating responsibilities among the agencies (optional):

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

Package Header

Package ID	NC2023MS0003D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NC-16-0001		
	System-Derived		

B. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

Package Header

Package ID	NC2023MS0003D	SPA ID	N/A
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	System-Derived		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
 - (1) SSI beneficiaries
 - (2) Optional state supplement recipients
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

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	System-Derived		

B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- d. Delegated governmental agency
- i. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ii. An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

(1) Name of entity:

HHS Appeal Entity

(2) The Medicaid agency has established a review process whereby it reviews appeals decisions made by the Exchange or Exchange appeals entity, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes

No

2. The state must assure the following with respect to delegations of authority to conduct fair hearings regarding eligibility based on applicable modified adjusted gross income (MAGI):

- a. There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- b. When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.
- c. The Medicaid agency does not delegate authority to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
 No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

Description:

Department of Health and Human Services & Title IV-A Agency

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Federally Recognized Tribe and the Local County Departments of Social Services staff are responsible for the following:

- (A) Determining all individual eligibility determinations for all eligibility groups under the state plan for North Carolina Medicaid and North Carolina Health Choice Programs (other than those determined by SSA).
- (B) Enrolling individuals in managed care programs.
- (C) Maintaining all individuals eligibility determination files.
- (D) Holding the initial evidentiary eligibility appeals for Medicaid/CHIP, unless the appeal is due to denial of disability, and providing hearing summary and evidence if applicant/beneficiary does not agree with local appeal decision.
- (E) The Qualla Boundary for the Eastern Band of Cherokee Indians encompasses parts of five of North Carolina's 100 counties. The Medicaid agency has assigned an administrative code to the Qualla Boundary that will make it the one-hundredth and first local subdivision entity.
- (F) Individuals hired by the Federally Recognized Tribe to complete intake and eligibility determination activities meet the requirements in 42 CFR 431.10(c)(2), which restricts delegation of Medicaid eligibility and fair hearings activities to government agencies that maintain personnel standards on a merit basis.

b. Fair Hearings (including expedited fair hearings)

The Office of Administrative Hearings will make final agency decisions in contested Medicaid beneficiary and provider cases. Contested Medicaid beneficiary cases" are those defined in N.C.G.S. §150B-22. In all contested Medicaid beneficiary cases, OAH shall dismiss appeals when the conditions described in 42 CFR §431.223 are present, as set forth in N.C.G.S. §108A-70.9B(b)(4). In all contested cases in which an enrolled Medicaid provider, or provider applicant, is challenging any decision of the single state Medicaid agency which directly or indirectly affected the provider or applicant substantially in their person, property, or employment as described in N.C.G.S. §150B-2(6).

c. Health Care Delivery, including benefits and services, managed care (if applicable)

DHHS provides Medicaid and CHIP to individuals through two delivery models: commercial Prepaid Health Plan (PHPs) and Fee for Service (direct reimbursement to service providers). The delivery system is integrated whole-person care, where both physical health and behavioral health needs are covered under a managed care plan for members enrolled in a managed care plan.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

DHB Office of Strategy and Planning manages State Plan waivers and demonstrations.

e. Administration, including budget, legal counsel

OFFICE OF THE SECRETARY (ADMINISTRATIVE OFFICES):

The Office of the Secretary, created by the Executive Organization Act of 1973, is a part of the Executive Branch of State Government. The Secretary, appointed by the Governor, serves as the principal officer of the Department and is responsible for the necessary management, development of policy, establishment of standards general health, social services and rehabilitation. The Office of the Secretary includes:

Office of Budget and Analysis
Office of Communications

Office of Controller
Office of General Counsel
Office of Government Affairs
Office of Human Resources
Office of Information Technology
Office of Procurement Contract and Grants
Office of Property and Construction

OFFICE OF BUDGET AND ANALYSIS:

The Division of Budget and Analysis develops, modifies and executes the North Carolina Department of Health and Human Services' operating budget, and researches and analyzes issues that affect the Department's budgets.

OFFICE OF CONTROLLER:

The Office of the Controller sets and interprets all accounting and financial reporting policies and procedures for the Department as authorized by the rules and regulations of the Office of the State Controller and state statute and executes all accounting transactions for the Department of Health and Human Services.

OFFICE OF GENERAL COUNSEL:

The Office of General Counsel provides legal counsel to all Divisions and Offices within DHHS. Attorneys in the Office of General Counsel provide a broad spectrum of legal assistance including, but not limited to, addressing daily legal questions, assessing high-priority policy matters, and analyzing strategies for preventing or resolving litigation. The Office provides frequent legal counsel to DMA with respect to operation of the Medicaid program.

f. Financial management, including processing of provider claims and other health care financing

Division of Health Benefits includes the subdivision of the Finance section which is responsible for overall provider reimbursement, financial audits, budget and forecasting, purchasing and contracting, and financial policy and reporting.

g. Systems administration, including MMIS, eligibility systems

Formerly, called the Information Technology Division (ITD), this office provides technology services to the Department of Health and Human Services and interfaces with state agencies and other government customers across North Carolina. Services include hosting, network, telecommunications, desktop computing, project management services, and unified communications such as email and calendaring.

h. Other functions, e.g., TPL, utilization management (optional)

Performed by the DHHS Clinical Policy and Benefits teams

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
2023.9DHB Full Org Chart - Public Working copy - Copy	10/19/2023 3:11 PM EDT	

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

Package Header

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	System-Derived		

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.
An Exchange that is a government agency	The Federal Marketplace determines Medicaid eligibility for individuals whose eligibility is determined based on MAGI budgeting methodology and who applied for coverage through the FFM.
An Exchange appeals entity	The HHS appeals entity will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally Facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI budgeting methodology and who applied for health coverage through the FFM

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
DIVISION OF SERVICES FOR THE DEAF AND THE HARD OF HEARING:	The State's over one million deaf and hard of hearing citizens find the assistance and information from the Division of Services for the Deaf and the Hard of Hearing. The Division works to ensure that all deaf, hard of hearing or deaf-blind North Carolinians have the ability to communicate their needs, and to receive information easily and effectively in all aspects of their lives. The Division, in collaboration with its partners, works to provide deaf, hard of hearing and deaf-blind North Carolinians and their families the information, skills and tools they need to achieve effective communication and access to resources in their communities, resulting in independence and full participation in society. The Division accomplishes this mission through providing advocacy, information, counseling, skills development and telecommunications access to North Carolinians who are deaf, hard of hearing and deaf-blind through its seven Regional Centers.
DIVISION OF VOCATIONAL REHABILITATION SERVICES:	The Division of Vocational Rehabilitation Services assists North Carolinians with disabilities in finding and maintaining employment and living independently in their communities. Vocational rehabilitation counselors work with business and community agencies to help them prepare their work-sites to accommodate employees who have physical, mental health, intellectual/developmental, hearing/communicative or substance abuse disabilities. The Division also provides services that encourage and reinforce independent living options for

<p>Name of agency:</p>	<p>Description of the Medicaid functions or activities conducted or coordinated with another executive agency:</p> <p>people with disabilities through the Independent Living Rehabilitation Program and the Assistive Technology Program.</p> <p>Rehabilitation counselors in vocational rehabilitation offices across the State are available to assist people with disabilities with individualized plans to meet their unique needs. Counselors provide vocational evaluations, job training, guidance and counseling. They help people with disabilities transition from rehabilitation to employment and educate them about the kinds of technology available that could increase independence.</p>
<p>HEALTH SERVICES:</p>	<p>An organizational umbrella led by a Deputy Secretary that incorporates services provided through the Division of Public Health and the Office of Rural Health and Community Care.</p>
<p>DIVISION OF RURAL HEALTH AND COMMUNITY CARE:</p>	<p>The Office of Rural Health and Community Care created within the Department in 1973. Its mission is to assist underserved communities and populations to develop innovative strategies for improving access, quality and cost-effectiveness of health care. Currently, the Office administers the following programs: Designation of health professional shortage areas; provider recruitment and loan repayment; safety net primary care infrastructure development; integration of behavioral, oral and physical health; migrant health programs; telepsychiatry; prescription assistance; and community network development. The Office provides funding and in-depth technical assistance to North Carolina's safety net system, including rural health clinics, community health centers, local health departments, free clinics, school based health centers and critical access hospitals. The Office receives federal funding to serve as the Primary Care Office, State Office of Rural Health, Flex and SHIP Hospital Program, and a Community Health Center Migrant Health Program. In addition, the office assists the Division of Medical Assistance with initiatives for high-risk populations, such as the Centers for Medicare and Medicaid Services Children's Health Insurance Program Reauthorization Act quality improvement demonstration. The Office is funded with federal, State and philanthropic resources and administers over 300 contracts that expand access to high quality</p>

Name of agency:	<p>Description of the Medicaid functions or activities conducted or coordinated with another executive agency:</p> <p>health care for rural and underserved populations (Medicare, Medicaid, underinsured and uninsured).</p>
HEALTH SERVICE REGULATION:	<p>The Division of Health Service Regulation inspects, certifies, registers and licenses hospitals, nursing homes, adult care homes, mental health facilities, home care programs and other health facilities.</p>
INTERNAL AUDIT:	<p>Formally the office of the Internal Auditor, the Office of Internal Audit supports DHHS through a systematic, disciplined approach in the performance of independent, value-added audit, consulting and assurance services.</p>
BEHAVIORAL HEALTH DEVELOPMENTAL DISABILITY SERVICES:	<p>The Division also devises statewide standards of care that are unique to each disability group and program, and that best meet the treatment and care needs of the populations served. It partners with regional advocacy groups, local management entity-managed care organizations (LME-MCOs), provider systems, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and other stakeholders.</p>
STATE OPERATED HEALTHCARE FACILITIES:	<p>The Division of State Operated Healthcare Facilities oversees and manages a system of healthcare facilities that provide individualized, compassionate, efficient and quality care to adults and children with developmental disabilities, substance use disorders and psychiatric illnesses whose needs exceed the level of care available in the community.</p>
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE:	<p>The Division of Mental Health, Developmental Disabilities and Substance Abuse Services develops, provides and oversees publicly supported mental health, developmental disabilities and substance abuse services in North Carolina. The Division carries out its responsibilities through a system of local mental health authorities/managed care organizations known as Local Management Entities/Managed Care Organizations, as well as through contracts with local providers, advocacy organizations and hospitals.</p> <p>The Division collaborates with other State agencies within and outside of the Department to improve services and supports related to mental health, substance use, and intellectual and other developmental disabilities. The Division works closely with other</p>

<p>Name of agency:</p>	<p>Description of the Medicaid functions or activities conducted or coordinated with another executive agency:</p> <p>agencies and stakeholders to address those issues, as well as juvenile justice, prescription drug abuse and other related areas.</p>
<p>DIVISION OF HEALTH BENEFITS</p>	<p>The Division of Health Benefits is chiefly responsible for administering the federal Medicaid and Children's Health Insurance Programs. The Division also manages several home and community-based waivers, which help the elderly and disabled remain in their homes by providing needed health and personal care services. The Pregnancy Medical Home program helps improve women's access to early prenatal care and preventive health care for low birth weight infants. North Carolina Community Care, Inc., through its provider networks, connects people with primary care doctors who manage their patient care needs. Health Check is an outreach program aimed at improving the quality of health care among low-income children. The program guarantees eligible children regular comprehensive health exams that include necessary immunizations, screenings and follow-up care.</p> <p>The Division of Medical Assistance is divided into five (5) subdivisions as follows:</p> <p>Clinical:</p> <p>The Clinical section is responsible for the overall administration of programs and clinical services covered in the North Carolina Medicaid Program. The section's staff develops clinical coverage policies and procedures, administers those policies and procedures, manages associated programs and contracts and provides related educational activities. Clinical Policy coordinates with other sections within the Division who are responsible for determining eligibility, reimbursement and monitoring program integrity of all covered services. Clinical Policy also provides program information to Medicaid recipients, service providers, and the general public.</p> <p>Business Information:</p> <p>The Business Information section is responsible for overseeing Research and Analytics, the Medicaid Management Information System (MMIS), and HIPAA.</p> <p>Operations:</p> <p>The Operations section is</p>

Name of agency:

Description of the Medicaid functions or activities conducted or coordinated with another executive agency:

responsible for the coordination of Regulatory Affairs, Hearings and Appeals, Provider Services, Beneficiary Services, the call center, and Operational Excellence. The section is responsible for the coordination of DMA processes and protocols, access for providers and beneficiaries, assuring maximum efficiency for operations, and development of quality and risk management processes. Beneficiary Services, in partnership with DSS provides, oversight of the counties' eligibility determinations.

Compliance:

The Compliance section is responsible for ensuring compliance, efficiency, and accountability within the Medicaid Program by detecting and preventing fraud, waste, program abuse, and by ensuring that Medicaid dollars are paid appropriately by implementing tort recoveries, pursuing recoupments, and identifying avenues for cost avoidance.

Finance:

The Finance section is responsible for overall provider reimbursement, financial audits, budget and forecasting, purchasing and contracting, and financial policy and reporting.

DIVISION OF HEALTH BENEFITS:

The Division of Health Benefits (DHB) was established by Session Law 2015-245 as a new division of the Department of Health and Human Services. DHB currently manages the process to transition NC Medicaid and NC Health Choice from fee-for-service to capitated managed care per state law. DHB will ultimately manage Medicaid and NC Health Choice operations upon implementation of Medicaid reform.

DIVISION OF SERVICES FOR THE DEAF AND THE HARD OF HEARING:

The State's over one million deaf and hard of hearing citizens find the assistance and information from the Division of Services for the Deaf and the Hard of Hearing. The Division works to ensure that all deaf, hard of hearing or deaf-blind North Carolinians have the ability to communicate their needs, and to receive information easily and effectively in all aspects of their lives. The Division, in collaboration with its partners, works to provide deaf, hard of hearing and deaf-blind North Carolinians and their families the information, skills and tools

<p>Name of agency:</p>	<p>Description of the Medicaid functions or activities conducted or coordinated with another executive agency:</p> <p>they need to achieve effective communication and access to resources in their communities, resulting in independence and full participation in society. The Division accomplishes this mission through providing advocacy, information, counseling, skills development and telecommunications access to North Carolinians who are deaf, hard of hearing and deaf-blind through its seven Regional Centers.</p>
<p>DIVISION OF VOCATIONAL REHABILITATION SERVICES:</p>	<p>The Division of Vocational Rehabilitation Services assists North Carolinians with disabilities in finding and maintaining employment and living independently in their communities. Vocational rehabilitation counselors work with business and community agencies to help them prepare their work-sites to accommodate employees who have physical, mental health, intellectual/developmental, hearing/communicative or substance abuse disabilities. The Division also provides services that encourage and reinforce independent living options for people with disabilities through the Independent Living Rehabilitation Program and the Assistive Technology Program.</p> <p>Rehabilitation counselors in vocational rehabilitation offices across the State are available to assist people with disabilities with individualized plans to meet their unique needs. Counselors provide vocational evaluations, job training, guidance and counseling. They help people with disabilities transition from rehabilitation to employment and educate them about the kinds of technology available that could increase independence.</p>
<p>HEALTH SERVICES:</p>	<p>An organizational umbrella led by a Deputy Secretary that incorporates services provided through the Division of Public Health and the Office of Rural Health and Community Care.</p>
<p>DIVISION OF RURAL HEALTH AND COMMUNITY CARE:</p>	<p>The Office of Rural Health and Community Care created within the Department in 1973. Its mission is to assist underserved communities and populations to develop innovative strategies for improving access, quality and cost-effectiveness of health care. Currently, the Office administers the following programs: Designation of health professional shortage areas; provider recruitment and loan repayment; safety net primary care</p>

<p>Name of agency:</p>	<p>Description of the Medicaid functions or activities conducted or coordinated with another executive agency:</p> <p>infrastructure development; integration of behavioral, oral and physical health; migrant health programs; telepsychiatry; prescription assistance; and community network development. The Office provides funding and in-depth technical assistance to North Carolina's safety net system, including rural health clinics, community health centers, local health departments, free clinics, school based health centers and critical access hospitals. The Office receives federal funding to serve as the Primary Care Office, State Office of Rural Health, Flex and SHIP Hospital Program, and a Community Health Center Migrant Health Program. In addition, the office assists the Division of Medical Assistance with initiatives for high-risk populations, such as the Centers for Medicare and Medicaid Services Children's Health Insurance Program Reauthorization Act quality improvement demonstration. The Office is funded with federal, State and philanthropic resources and administers over 300 contracts that expand access to high quality health care for rural and underserved populations (Medicare, Medicaid, underinsured and uninsured).</p>
<p>DIVISION OF PUBLIC HEALTH:</p>	<p>The Division of Public Health works to protect, promote and preserve the health of North Carolinians through ethical, compassionate and evidence-based public health practice. The Division's wide range of programs and services are aimed toward protecting and improving the health of the people who live and work in North Carolina. Public health programs reach out to help build healthy families and communities, promote healthful living, lower the risk of disease and untimely death, and reduce the consequences of disease. The Division also gathers and analyzes statewide health data and statistics needed for making sound public health decisions and policies.</p> <p>The Division works with other Department divisions, State agencies and local health departments and in partnership with public and private groups to ensure a healthy North Carolina.</p>
<p>HEALTH SERVICE REGULATION:</p>	<p>The Division of Health Service Regulation inspects, certifies, registers and licenses hospitals, nursing homes, adult care homes, mental health facilities, home care</p>

<p>Name of agency:</p>	<p>Description of the Medicaid functions or activities conducted or coordinated with another executive agency:</p> <p>programs and other health facilities.</p>
<p>DIVISION OF AGING AND ADULT SERVICES:</p>	<p>The Division of Aging and Adult Services (DAAS) promotes successful aging for North Carolina's older population and their families, advancing their social, health, and economic well-being. Working closely with Area Agencies on Aging, senior advocates and local service providers, the division supports the independence and dignity of impaired older persons through such home and community services as in-home aide care, congregate and home-delivered meals, transportation, adult day care, housing and home improvement, and respite for family caregivers.</p> <p>The Division also ensures protection of North Carolina's most vulnerable adults of all ages by the delivery of Adult Protective Services and Guardianship Services through the State's 100 county departments of social services. These core services protect against abuse, neglect and exploitation, and provide surrogate decision makers with the appointment of a guardian when older adults and adults with disabilities are unable to make and communicate important decisions about their well-being.</p> <p>The Division promotes the rights of residents of nursing homes and adult care homes through its Ombudsman Program, and uses Senior Centers as local resources for information and access to a wide range of services and programs. DAAS also is committed to helping younger generations prepare to enjoy their later years.</p>
<p>DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION:</p>	<p>The Division of Child Development and Early Education (CDEE) supports the safety, care and early education of children by licensing, monitoring and regulating over 7,200 child day care facilities statewide. Nearly 250,000 of North Carolina's children age are served regulated day care centers and homes licensed by the division. Licensing consultants make unannounced visits to child care facilities to make sure they are complying with requirements for their star rating (level of licensure). The Division also provides technical assistance and other supports to help child care facilities enhance their program and education standards, and to accommodate children with special needs and other populations.</p>

Name of agency:

Description of the Medicaid functions or activities conducted or coordinated with another executive agency:

The Division completes criminal record checks for everyone employed in regulated child care programs. Background checks are performed for adoptive and foster parents, nursing homes employees, family and adult care homes, mental health facilities, emergency medical services and employees of Department agencies.

The North Carolina Subsidized Child Care program is supervised by the Division, and provides financial assistance to eligible families through county departments of social services to help pay for child care. The service benefits over 75,000 children monthly from low-income families. Assistance is available to support parents' employment or education, child developmental needs, child protective services and child welfare services.

The Division administers the NC Pre-K Program, which provides high-quality educational experiences to enhance school readiness for nearly 28,000 at-risk, eligible four-year-olds. The Division also provides support for Smart Start in its mission to advance a high quality, comprehensive, accountable system of care and education for every child beginning with a healthy birth.

DIVISION OF SOCIAL SERVICES:

The Division of Social Services (DSS) works in cooperation with the Social Services Commission, the 100 county departments of social services, and other public and private entities to protect children, strengthen families and help all North Carolinians to achieve maximum self-sufficiency.

The Division provides training, technical assistance and consultation to the local staff who work in programs for families and children, including Medicaid, CHIP, Child Welfare, Family Support, Work First, Child Support, Food and Nutrition Services, Low Income Home Energy Assistance Program and Refugee Services.

WORKFORCE SERVICES: An organizational umbrella that incorporates services provided through the Division of Vocational Rehabilitation Services its two regional workforce operations, Independent Living, and the Divisions of Services for the Blind and Services for the Deaf and Hard of Hearing.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
WORKFORCE SERVICES	An organizational umbrella that incorporates services provided through the Division of Vocational Rehabilitation Services its two regional workforce operations, Independent Living, and the Divisions of Services for the Blind and Services for the Deaf and Hard of Hearing.
DIVISION OF SERVICES FOR THE BLIND:	<p>The Division of Services for the Blind provides treatment, rehabilitation, education and independent living alternatives for blind and visually impaired residents of North Carolina. Through vocational rehabilitation, the Division helps people find and keep jobs. The Division also promotes the prevention of blindness through educational programs.</p> <p>The Division's programs also include the Business Enterprises Program providing opportunities for people who are legally blind to work in food service in vending facilities and the Rehabilitation Center for the Blind offering training in a residential setting to enable individuals with vision loss to achieve career and personal goals. The Governor Morehead School, the State's residential school for the blind, is co-located with the Division's home office in Raleigh, but operates under the Department of Public Instruction.</p>

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NC2023MS0003D

Package Header

Package ID	NC2023MS0003D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NC-16-0001		
	System-Derived		

F. Additional information (optional)

Medicaid State Plan Administration

Organization

Single State Agency Assurances

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Package Header

Package ID	NC2023MS0003D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NC-16-0001		
	System-Derived		

A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. 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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