

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation  
42 CFR 431.10  
AT-79-29

1.1 Designation and Authority

(a) The Department of Health and Human Services 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 in this paragraph.)

ATTACHMENT 1.1-A is a 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.

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Citation  
Sec. 1902(a)  
of the Act

1.1(b)

The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

\_\_\_\_\_

\_\_\_\_\_  
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

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TN #76-39  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11/18/76

Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

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Citation

Intergovernmental  
Cooperation Act  
of 1968

1.1 (c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

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TN # 12-007  
Supersedes  
TN # 76-39

Approval Date: 12-27-12

Effective Date 07/01/2012

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

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Citation

42 CFR 431.10  
AT-79-29

1.1(d)

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The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

x

Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies

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TN #94-36  
Supersedes  
TN #76-39

Approval Date 5/18/95

Effective Date 1/1/95

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

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Citation

42 CFR 431.10  
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which **final authority has been granted to a Professional Standards Review Organization under title XI of the Act.**
  
- (f) All other requirements of 42 CFR 431.10 are met.

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TN #76-39  
Supersedes  
TN # \_\_\_\_\_

Approval Date **11/18/76**

Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

Citation  
42 CFR 431.11  
AT-79-29  
description of

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a  
the organization  
and functions of the Medicaid agency and an  
organization chart of the agency.
- (b) Within the State agency, the \_\_\_\_\_  
Division of Medical Assistance has been  
designated as the medical assistance unit.  
ATTACHMENT 1.2-B contains a description of  
the organization and functions of the medical  
assistance unit and an organization chart of the  
unit.
- (c) ATTACHMENT 1.2-C contains a description of  
the kinds and numbers of professional medical  
personnel and supporting staff used in the  
administration of the plan and their  
responsibilities.
- (d) Eligibility determinations are made by State or  
local staff of an agency other than the agency  
named in paragraph 1.1(a). ATTACHMENT 1.2-  
D contains a description of the staff designated to  
make such determinations and the functions they  
will perform.
- X Not applicable. Only staff of  
the agency named in paragraph 1.1(a) make  
such determinations.

TN #79-11  
Supersedes  
TN # \_\_\_\_\_

Approval Date 9/10/79

Effective Date 7/1/79

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

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Citation  
42 CFR  
431.50(b)  
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

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TN #79-11  
Supersedes  
TN # \_\_\_\_\_

Approval Date 9/10/79

Effective Date 7/1/79

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May 22, 1980

State North Carolina

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Citation  
42 CFR  
431.12(b)  
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR 438.104

X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

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TN #03-04  
Supersedes  
TN #74-34

Approval Date **NOV 18 2003**

Effective Date 8/13/2003

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina  
**Tribal Consultation**

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Requirements and NC Plan

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

North Carolina will use the process identified in this section to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on all State Plan Amendments (SPA), waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to the Centers for Medicare and Medicaid Services (CMS).

- A. The State will assure nomination to the NC Department of Health and Human Services (DHHS) Secretary for appointment of a representative of the Eastern Band of the Cherokee Indians to the Medical Care Advisory Committee. This advisory committee meets at least quarterly to review activities of the Division of Medical Assistance and provide recommendations and advice on current and future policy initiatives and pending changes to the Medicaid program.
- B. The NC DHHS Secretary will appoint a designated liaison in the Office of the Secretary to facilitate the intergovernmental relationship between the Department

TN #10-038  
Supersedes  
TN NEW

Approval Date: 03-17-11

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina  
**Tribal Consultation**

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and the Eastern Band of the Cherokee Indians, and any other Indian Health Program meeting the definition under the Act to assure compliance with the federal provisions for consultation and to expedite communication and between these entities.

To meet the requirements for timely notification of the Tribe for SPA/Waiver submissions or other policy changes that arise between MCAC Quarterly meetings the Medicaid Agency will notify the Tribe in writing of these pending changes. The State will use this combined approach to seek the Tribe's advice and input on matters related to the changes to Medicaid and CHIP programs.

- a. If requested by the tribe in follow up to these notifications, the State will meet quarterly or as needed in face-to-face meetings or via conference calls with representatives of the Eastern Band of the Cherokee Indians and Division of Medical Assistance key leadership staff to discuss any items of importance to the parties. These discussions may include provision of additional information or the Tribe's input on pending changes, update on current status of ongoing initiatives, and ongoing assessment of the consultation process to assure efficiency and effectiveness of the consultative activities. These meetings will provide a forum for the Tribe to share and discuss concerns regarding policy and the consultation process with the decision-makers in the Medicaid Agency.
- b. Appoint Medicaid Assistant Directors as primary contacts and positions responsible for assuring notification of all pending SPA/Waiver or policy changes and inclusion of federally recognized Tribal representatives on workgroups and planning initiatives. If a SPA or waiver submission to CMS will occur outside of the scheduled MCAC quarterly meeting timeframe, the DMA will notify EBCI in writing 60 days prior to submission to CMS, and EBCI will have 30 days to respond.
- c. Invite, on a routine basis, the Senior Health Official of the Eastern Band of Cherokee Indians or his/her designee to participate in policy planning (SPA, NC Administrative Code, Clinical Coverage), waiver development, program planning, and development workgroups and initiatives.
- d. Provide federally recognized Tribal programs with a current list of Division contacts for Medicaid Administration to include Director, Deputy Directors, Assistant Directors, and Medical and Dental Directors to facilitate requests for technical assistance, policy clarification and problem resolution.

TN #10-038  
Supersedes  
TN NEW

Approval Date: 03-17-11

Effective Date 01-01-2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

**Tribal Consultation**

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- e. Medicaid Agency Administration will make an annual onsite visit to federally recognized Tribal Programs and/or to facilitate collaboration and understanding among all parties.

Tribal Consultation Development Process

The consultative process that occurred for the development of this State Plan Amendment was based on a series of previous visits, contacts and discussions between the Eastern Band of the Cherokee Indians Health Services and the North Carolina Department of Health and Human Services. Discussions had occurred under former DHHS Secretary Odom relating to consultation. Discussions were re-initiated on April 28, 2010, during an on site visit to the Cherokee Health Services Program by DHHS Secretary Lanier Cansler and Michael Watson, Deputy Secretary. The need for a designated liaison in the Office of the Secretary to facilitate the Intergovernmental Relationship was discussed.

The Medicaid Agency has held many and varied calls with Cherokee Health Services regarding SPAs. A second site visit to the Cherokee Health Services program was made by the DMA Chief for Behavioral Health and clinical staff in August 2010. The purpose of the visit was to share information related to Medicaid program changes and representation on the MCAC; as well as to give the State an in-person learning experience with Cherokee Health Services and the Chief of the Eastern Band of the Cherokee Indians.

In preparation for the change in Medicaid Agency operations and the development of the Tribal Consultation SPA, DMA sent the Chief of the Behavioral Health Unit to September 2010 Indian Health Services Conference in Sioux Falls, South Dakota. This provided an opportunity to gain an understanding of the consultative process and of the provisions in the Indian Health Services Reauthorization Act.

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Supersedes  
TN NEW

Approval Date: 03-17-11

Effective Date 01-01-2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

**Tribal Consultation**

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In November 2010, DMA began working to schedule a meeting to consult with Eastern Band of the Cherokee Indians (EBCI) Tribal leadership regarding the details of the consultation process. A conference call was established for December 7, 2010. Those participating on the call are as follows:

Eastern Band of the Cherokee Nation

- Vickie Bradley, Deputy Health Officer of Eastern Band of Cherokee Indians
- Trina Owle, Business Director, EBCI Health and Medical Division
- Casey Cooper, CEO of Cherokee Indian Hospital
- Jonathan Dando, Director of Business Office, Cherokee Indian Hospital

NC DHHS: Division of Medical Assistance

- Tara Larson, Chief Clinical Operating Officer
- Steve Owen, Chief Financial Operating Officer
- John Alexander, Acting Assistant Director, Budget Management
- Roger Barnes, Assistant Director, Finance Management
- Randall Best, MD, Medical Director
- Clarence Ervin, Assistant Director, Program Integrity
- Catharine Goldsmith, Chief, Behavioral Health Unit
- Kris Horton, CMS Liaison
- Teresa Smith, State Plan Coordinator
- Craig Umstead, Manager, Provider Services
- Betty West, for Managed Care Assistant Director

The Tribal Consultation SPA is the result of the December 7, 2010 conference call. All parties are committed to the provisions included in this amendment, to working together to assure open channels of communication, to facilitating problem resolution and to inclusion of federally recognized Tribal programs and/or Indian Health Service facilities in the initial phases of policy, program and waiver development, and changes in the Medicaid and CHIP State Plans.

TN #10-038  
Supersedes  
TN NEW

Approval Date: 03-17-11

Effective Date 01-01-2011

Revision: HCFA-PM-94-3 (MB)  
 APRIL 1994  
 State/Territory: NORTH CAROLINA

Citation 1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
  - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
  - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
  - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
  - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
  - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
  - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
  - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-35  
 Supersedes  
 TN No. new

Approval Date FEB 03 1995

Effective Date October 1, 1994

Revision: HCFA-PM-94-3 (MB)  
APRIL 1994  
State/Territory: NORTH CAROLINA

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

Citation:  
1932 of the  
Social Security Act

1.6 State Option to Use Managed Care

Complaints usually fall into one of the following five categories:

1. contract violations/program policy
2. professional conduct – general
3. professional conduct – physical, sexual or substance abuse
4. quality of care
5. program fraud/abuse

Enrollees who complete and sign the complaint form will receive a letter acknowledging receipt from the Quality Management Unit within 7 days of receipt. Upon receipt of a complaint, it is routed to the appropriate Managed Care staff person for action and resolution. Enrollees will not be notified of the outcome of the complaint due to confidentiality policies.

### **III. ASSURANCES AND COMPLIANCE WITH THE STATUTE AND REGULATIONS**

The State plan program meets all the applicable requirements of:

- Section 1903 (m) of the Act, for MCOs and MCO contracts.
- Section 1905 (t) of the Act for PCCMs and PCCM contracts.
- Section 1932 (including Section (a)(1)(A)) of the Act, for the State's option to limit freedom of choice by requiring recipients to receive their benefits through managed care entities.
- 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in Section 1905 (a)(4)(C)
- 42 CFR 438 for MCOs and PCCMs.
- 42 CFR 434.6 of the general requirements for contracts.

TN No. 03-04

Approval Date: **NOV 18 2003**

Eff. Date: 8/13/2003

Supersedes

TN No. 01-04

Citation:  
1932 of the  
Social Security Act

1.6 State Option to Use Managed Care

- 42 CFR 438.6 (c) of the regulations for payments under any risk contracts.
- 42 CFR 447.362 for payments under any nonrisk contracts.
- 45 CFR part 74 for procurement of contracts.

**IV. ELIGIBLE GROUPS**

A. list all eligible groups that will be enrolled on a mandatory basis

With the exception of the populations listed in IV.B, recipients in the following aid categories will be required to enroll in one of the managed care programs described above:

- Work First for Family Assistance (formerly AFDC)
- Family and Children's Medicaid without Medicaid deductibles (formerly AFDC-related)
- Medicaid for the Blind and Disabled (MAB, MAD, MSB)
- Residents of Adult Care Homes (SAD)
- Qualified Alien

Children under age 19 identified as Children with Special Health Care Needs, dual eligibles, and Indians who are members of a Federally recognized tribes are exempt from mandatory enrollment.

TN No. 03-04

Approval Date: **NOV 18 2003**

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Supersedes

TN No. 01-04

Citation:  
1932 of the  
Social Security Act

1.6 State Option to Use Managed Care

1. Children under the age of 19 years who are foster care or other out-of-the-home placement.

X The State will allow these individuals to voluntarily enroll in the managed care program.

2. Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E

X The State will allow these individuals to voluntarily enroll in the managed care program.

Children under the age of 19 years who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the state in terms of either program participation or special health care needs.

X The State will allow these individuals to voluntarily enroll in the managed care program.

- c. list all other groups that ARE PERMITTED TO ENROLL on a voluntary basis

Community Alternative Program (CAP) Enrollees are allowed to enroll in Carolina ACCESS and ACCESS II.

1. Is the State's definition of these children in terms of program participation or special health care needs?

The State defines these children in terms of special health care needs and program participation in Development Evaluation Center (DEC) and Child Special Health Services (CSHS).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: North Carolina

9j

Citation:

1932 of the  
Social Security Act

1.6 State Option to Use Managed Care

2. Does the scope of these Title V services include services received through a family-centered, community-based, coordinated care system?  
Title V program participants are identified as those receiving DEC services and CSHS.
3. How does the State identify the following groups of children who are exempt from mandatory enrollment:
  - a. Children under 19 years of age who are eligible for SSI under Title XVI;  
The State identifies this group by Medicaid eligibility category of assistance.
  - b. Children under 19 years of age who are eligible under section 1902 (e)(3) of the Act;  
The State does not enroll this population in the managed care programs.
  - c. Children under 19 years of age who are receiving foster care or adoption assistance under title IV-E of the Act.  
The State identifies this group by the Medicaid eligibility category of assistance.
4. What is the State's process for allowing children to request an exemption based on the special needs criteria as defined in the State Plan if they are not initially identified as exempt from mandatory enrollment?

Enrollment in a managed care program health care option is voluntary for Children with Special Health Care Needs (CSHCN).

TN No. 03-04 Approval Date: **NOV 18 2003**  
Supersedes  
TN No. NEW

Eff. Date: 8/13/2003

Citation:  
1932 of the  
Social Security Act

1.6 State Option to Use Managed Care

b. There is no eligibility category group designated for the Native American population; they are eligible for Medicaid under existing program aid categories. When a Native American applies for Medicaid, he is automatically exempted from enrollment into managed care based on his membership in a federally recognized tribe and not on his eligibility group.

E. List other populations (not previously mentioned) who are exempt from mandatory enrollment.

There are no other exempt populations (not previously mentioned).

**V. ENROLLMENT PROCESS**

a. definitions

An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through State records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient.

A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.

b. state process for enrollment by default

1. Describe how the state's default enrollment process will preserve:

- a. the existing provider-recipient relationship;
- b. the relationship with providers that have traditionally served Medicaid recipients;

TN No. 03-04  
Supersedes  
TN No. NEW

Approval Date: **NOV 18 2003**

Eff. Date: 8/13/2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: North Carolina

9p

Citation:  
1932 of the  
Social Security Act

1.6 State Option to Use Managed Care

1. The State Plan program assures that, per the choice requirements in 42 CFR 438.52, Medicaid recipients enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 412.62 (f)(1)(ii).

X The State Plan program applies the rural exception to choice requirements of 42 CFR 438.52 (a) for MCOs and PCCMs. (Place check mark to indicate state's affirmation.)

2. The State plan program will only limit enrollment into a single HIO, if and only if the HIO is one of the entities described in section 1932 (a)(3) (C) of the Act; and the recipient has a choice of at least two primary care providers within the entity. (California only.)

d. disenrollment

1. The State Plan program assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56 (c).

The State assures that beneficiaries will be permitted to disenroll from a managed care plan or change Carolina ACCESS/ACCESS II PCPs on a month to month basis. However, the recipient must select another managed care plan option for health care services, if the recipient is in one of the mandatory eligibility categories for enrollment. The county DSS is responsible for processing an enrollee's change request. Changes are effective the first day of the month following the change in the State eligibility system.

2. What are the additional circumstances of "cause" for disenrollment? (If any.)

**VI. INFORMATION REQUIREMENTS FOR BENEFICIARIES**

The State Plan program assures that its plan is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932 (a)(1)(A) state plan amendments.

TN No. 03-04  
Supersedes  
TN No. NEW

Approval Date: NOV 18 2003 Eff. Date: 8/13/2003

**SUPERSEDING PAGES OF STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

**13-0002 MM2**

**STATE:**

**North Carolina**

**PAGE NUMBER OF THE PLAN  
SECTION OR ATTACHMENT:**

S94

**PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):**

Section 2, Page 10, Section 2.1(a). TN#92-01, effective date; 01/01/92, approved: 10/21/92

Section 2, Page 11a, Section 2.1a(d). TN#91-35, effective date: 07/01/91, approved 10/24/91



# Medicaid

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process

**S94**

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

**An attachment is submitted.**

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

**An attachment is submitted.**

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

**An attachment is submitted.**

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

**An attachment is submitted.**

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

Yes  No

TN No: 13-0002-MM2

Approval Date: 01-16-14

Effective Date: 01-01-



# Medicaid

Indicate the other electronic means below:

	Name of method	Description	
<b>+</b>	Facsimile		<b>X</b>

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker  
 Relatives Pregnant Women  
 Infants and Children under Age 19

### Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
  - Once every 12 months
  - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
  - If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
  - Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
    - Once every 12 months
    - Once every 6 months
    - Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

#### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application

Online Application

TRANSMITTAL NUMBER:

NC 13-0002-MM2

STATE:

North Carolina

Through February 1, 2014, the state is using an interim alternative single streamlined application. After February 1, 2014 the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

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TN No: 13-0002-MM2

Approval Date: 01-16-14

Effective Date: 01-01-14

North Carolina

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application

Online Application

TRANSMITTAL NUMBER:

NC 13-0002-MM2

STATE:

North Carolina

Through June 1, 2014 the state is using an interim alternative single streamlined application. After June 1, 2014 the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

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TN No: 13-0002-MM2

Approval Date: 01-16-14

Effective Date: 01-01-14

North Carolina

Revision: HCFA-PM-93-2 (MB)  
MARCH 1993

State: North Carolina

Citation

42 CFR  
435.914  
of the Act

2.1 (b)(1) Except as provided in items  
2.1(b)(2) and (3) below, 1902(a)(34) individuals are entitled to  
Medicaid services under the plan during the three  
months preceding the month of application, if they  
were, or on application would have been, eligible.  
The effective date if prospective and retroactive  
eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and  
1905(a) of the  
Act

(2) For individuals who are eligible  
for Medicare cost-sharing  
expenses as qualified Medicare beneficiaries under  
Section 1902(a)(10)(E)(i) of the Act, coverage is  
available for services furnished after the end of the  
month in which the individual is first determined to be  
a qualified Medicare beneficiary. ATTACHMENT  
2.6-A specifies the requirements for determination of  
eligibility for this group.

1902(a)(47) and  
1920 of the Act

x (3) Pregnant women are entitled to  
ambulatory prenatal care under  
the plan during a presumptive eligibility period in  
accordance with section 1920 of the Act  
ATTACHMENT 2.6-A specifies the requirements for  
determination of eligibility for this group.

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AUGUST 1991

OMB No.: 0938-

State: North Carolina

Citation  
42 CFR  
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

Mandatory categorically needy and other required special groups only.

Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.

Mandatory categorically needy, other required special groups, and specified optional groups.

Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

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TN No. 87-5

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MARCH 1987

OMB No.: 0938-0193

State: North Carolina

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Citation

435.10 and  
435.403, and  
1902(b) of the  
Act, P.L. 99-272  
(Section 9529)  
and P.L. 99-509  
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address

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Supersedes  
TN No. 86-19

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HCFA ID: 1006P/0010P

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MARCH 1987

OMB No.: 0938-0193

State: North Carolina

Citation

42 CFR 435.530(b)  
42 CFR 435.531  
AT-78-90  
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

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TN No. 87-5  
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TN No. 77-12

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State: North Carolina

Citation  
42 CFR  
435.121,  
435.540(b)

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

This includes the option set forth in 42 USC 1396(v) for making independent disability determinations subject to final administrative determinations on such applications by SSA by using the definition of disability in 20 CFR 416.901 et seq. of the Act as reflected in 42 CFR 435.541.

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FEBRUARY 1992

State: North Carolina

Citation(s) 2.6 Financial Eligibility

42 CFR  
435.10 and  
Subparts G & H  
1902(a)(10)(A)(i)  
(III), (IV), (V),  
(VI), and (VII),  
1902(a)(10)(A)(ii)  
(IX), 1902(a)(10)  
(A)(ii)(x), 1902  
(a)(10)(C),  
1902(f), 1902(l)  
and (m),  
1905(p) and (s),  
1902(r)(2),  
and 1920

(a) The financial eligibility conditions  
for Medicaid-only eligibility groups  
and for persons deemed to be cash  
assistance recipients are described  
in ATTACHMENT 2.6-A.

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Supersedes  
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SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: North Carolina

Citation

2.7 Medicaid Furnished out of State

431.52 and  
1902(b) of the  
Act. P.L. 99-272  
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

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TN No. 86-19  
Supersedes  
TN No. 82-14

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AUGUST 1991

State/Territory: North Carolina

### SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation 3.1 Amount, Duration, and Scope of Services

42 CFR  
Part 440,  
Subpart B  
1902(a), 1902(e),  
1905(a), 1905(p),  
1915, 1920, and  
1925 of the Act

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and  
1905(a) of the Act

- (i) Each item or service listed in section 1905(a) (1) through (5) and (21) of the Act is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.
- Not applicable. Nurse-midwives are not authorized to practice in this State.

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Supersedes  
TN No. 87-5

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Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

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State/Territory: North Carolina

Citation

3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

1902(e)(5) of  
the Act

(iii) Pregnancy- related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

X

(iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

(F), 1902 (a) (10)  
(F) (VII)

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

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OMB No. 0938-

State/Territory: North Carolina

Citation  
1902(a)  
(10)(D)

3.1(a)(1) Amount, Duration, and Scope-of-Services:  
Categorically Needy (Continued)

- |                                  |          |   |
|----------------------------------|----------|---|
|                                  | (vi)     | Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.  |
| 1902(e)(7) of the Act            | (vii)    | Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished. |
| 1902(e)(9) of the Act ventilator | (viii)   | Respiratory care services are Act provided to dependent individuals as indicated in item 3.1(h) of this plan.   |
| 1902(a)(52) and 1925 of the Act  | (ix)     | Services are provided to families eligible under Section 1925 of the Act as indicated in item 3.5 of this plan.   |
| 1905(a)(26) and 1934             | <u>X</u> | (x) Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.  |

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

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TN No.: 92-01

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OMB No: 0938-

State/Territory: North Carolina

Citation

3.1 Amount, Duration, and Scope of Services (continued)

42 CFR,  
Part 440  
Subpart B

(a)(2) Medically needy.

x This State plan covers the medically.  
needy The services described below and in  
ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)  
of the Act  
42 CFR 440.220

(i) If services in an institution for  
mental diseases (42 CFR 440.140 and  
440.160) or an intermediate care  
facility for the mentally retarded (or both) are  
provided to any medically needy group, then each  
medically needy group is provided either the  
services listed in section 1905(a)(1) through (5)  
and (17) of the Act, or seven of the services listed  
in section 1905(a)(1)through (20). The services  
are provided as defined in 42 CFR Part 440,  
Subpart A and in sections 1902, 1905, and 1915 of  
the Act.

— Not applicable with respect to  
nurse-midwife services under section  
1902(a)(17). Nurse-midwives are not  
authorized to practice in this State.

1902(e)(5) of  
the Act

(ii) Prenatal care and delivery services  
for pregnant women.

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TN No. 88-3

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MAY 1993

State: North Carolina

Citation

	3.1(a)(2)	<u>Amount, Duration, and Scope of Services: Medically Needy (Continued)</u>
1902(e)(9) of Act	___ (x)	Respiratory care services are provided to ventilator dependent individuals as indicated in Item 3.1(h) of this plan.
1905(a)(23) and 1929 of the Act	___ (xi)	Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.
1905(a)(26) and 1934 of the Act	<u>X</u> (xii)	Program of All-Inclusive Care for the Elderly (PACE)

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

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