Department of Health & Human Services Centers for Medicare & Medicaid Services 61 Forsyth Street, SW, Suite 4T20 Atlanta, Georgia 30303-8909



May 26, 2010

Craigan Gray, MD, MBA, JD Director Division of Medical Assistance North Carolina Department of Health and Human Services 2501 Mail Service Center Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal #10-012

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan that was submitted under transmittal number 10-012 and received in the Regional Office on March 22, 2010.

This state plan change allows the state to provide Medicaid covered services for pregnant women and children with Lawful Permanent Resident (LPR) status during the first 5 years they are in the United States and who meet Medicaid eligibility requirements. This is an option provided under the CHIPRA legislation.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 10-012 was approved on May 25, 2010. The effective date of this amendment is July 1, 2010. We are enclosing the approved form HCFA-179 and plan page.

If you have any questions or need any further assistance, please contact Sally Brown at (404) 562-7352, or Elaine Elmore at (404) 562-7408.

Sincerely,

Jackie Glaze Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

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TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER.	1. STATL
STATE PLAN MATERIAL	10-012	NC
COD. HEALTH CADE EINANCING ADMINISTRATION	<b>3. PROGRAM IDENTIFICATION: TIT</b>	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MED)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):	•	
🗌 NEW STATE PLAN 🖾 AMENDMENT TO BE	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 458,012	
42 CFR 435.406; P.L. 111-3 Section 214	b. FFY 2011 \$1,953,872	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSE	DED PLAN SECTION
ATTACHMENT:	OR ATTACHMENT (If Applicable):	
Attachment 2.6-A, Page 2, Attachment 2.6-A, Page 3.1, and	Attachment 2.6-A, Page 2	
Attachment 2.6-A, Page 3.2	_	
10. SUBJECT OF AMENDMENT:		
Elimination of 5 year bar for pregnant women and children v	with lawful permanent resident status	S.
11. GOVERNOR'S REVIEW (Check One):		
<ul> <li>GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAI</li> </ul>	OTHER, AS SPECIFIED:	SECRETARY
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Office of the Secretary	
Larian M. Canalan	Department of Health and Human Services	
Lanier M. Cansler	2001 Mail Service Center	
Secretary	Raleigh, North Carolina 27699-2001	
15. DATE SUBMITTED:		
3/23/10		
	OFFICE USE ONLY	1
17. DATE-RECEIVED	18. DATE APPROVED:	
	ONE COPY ATTACHED	-54.0
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL OFF	TCIAL:
07/01/10		ICIAL.
21. TYPED NAME: Jackie Glaze	Acting Associate Regional adm Division of Medicaid & Childre	inistrator n's Health Opns
23. REMARKS:		
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v. , the back of gradient of the back of t	N BAC & C	

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

ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

State: North Carolina		
Citation(s)	on(s) Condition or Requirement	
	b.	For the medically needy, meets the non- financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c.	For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non- financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d.	For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.406	5.406 3. Is residing in the United States (U.S.), and	
	a. b.	Is a citizen or national of the United States; Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;
	c.	Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;
	d.	Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;
	e.	Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.

State: North Carolina

TN No. <u>10-012</u> Supersedes TN No. <u>92-01</u>

Approval Date: <u>05-25-10</u>

Effective Date 07/01/2010

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 HCFA ID: 7985E ATTACHMENT 2.6-A Page 3.1 OMB No.: 0938-

State: North Carolina

Citatio	n Condition or Requirement
	<u>X</u> State covers all authorized QAs.
	State does not cover authorized QAs.
	f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:
(1)	A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;
(2)	A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
(3)	An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include: (a) An individual currently in temporary resident status as an Amnesty beneficiary
	<ul> <li>pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);</li> <li>An individual currently under Temporary Protected Status pursuant to section 244 of the INA;</li> </ul>
	(c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;
	<ul> <li>(d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and</li> <li>(e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and</li> </ul>
(4)	<ul> <li>An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:</li> <li>A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA;</li> <li>A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA;</li> </ul>
Supers	edes Approval Date: <u>05-25-10</u> Effective Date <u>07/01/2010</u>

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

ATTACHMENT 2.6-A Page 3.2 OMB No.: 0938-

_	State:	North Carolina
Citation		Condition or Requirement
	<ul> <li>An indipermitt</li> <li>A battee</li> <li>PRWO</li> <li>An indi</li> </ul>	<ul> <li>ious worker under section 101(a)(15)(R);</li> <li>ividual assisting the Department of Justice in a criminal investigation, as ed under section 101(a)(15)(S) of the INA;</li> <li>red alien under section 101(a)(15)(U) (see also section 431 as amended by RA); and</li> <li>ividual with a petition pending for 3 years or more, as permitted under 101(a)(15)(V) of the INA.</li> <li>Elected for pregnant women.</li> <li>Elected for children under age19</li> <li>X The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.</li> </ul>

TN No. <u>10-012</u> Supersedes TN No. <u>NEW</u>

Approval Date: <u>05-25-10</u>

Effective Date <u>07/01/2010</u>