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State/Territory Name: MP

State Plan Amendment (SPA) #: 20-0001-B

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



May 20, 2020

Helen C. Sablan
Director
CNMI State Medicaid Agency
Office of the Governor
Caller Box 10007
Saipan, MP 96950

Re: Commonwealth of the Northern Mariana Islands State Plan Amendment (SPA)
MP-20-0001-B

Dear Ms. Sablan:

We have reviewed the proposed amendment to section 2 of your Medicaid state plan, as submitted under transmittal number (TN) 20-0001B. This amendment proposes to implement temporary policies that are different from the policies and procedures otherwise applied under section 2 of the state plan during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof). The amendment was originally submitted under TN 20-0001, as part of the Medicaid Disaster Relief for the COVID-19 National Emergency state plan amendment, and included a request under section 1135 of the Social Security Act to waive the SPA effective date requirement at 42 C.F.R. 430.20. The territory has confirmed that they wish to apply this waiver request to TN 20-0001B as well.

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

These waivers or modifications of the requirements related to SPA submission timelines and public notice apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) and 1902(j) of the Act and implementing regulations. This letter is to inform you that Commonwealth of the Northern Mariana Island's Medicaid SPA Transmittal Number MP 20-0001B is approved effective March 1, 2020. Please note that the effective date for certain eligibility provisions, as specified in the state plan language, are either March 18, 2020 or April 1, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Barbara B. Prehmus at 303-844-7472 or by email at Barbara.prehmus@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the Territory of the Commonwealth of the Northern Mariana Islands and the health care community.

Sincerely,

Anne M.
Costello -S

Digitally signed by Anne
M. Costello -S
Date: 2020.05.20
11:10:51 -04'00'

Anne Marie Costello
Deputy Director
Center for Medicaid & CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: MP 20-0001 B	2. STATE: CNMI
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1135 OF THE SOCIAL SECURITY ACT Title XIX of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2020</u> \$ <u>850,000</u> b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum to Section 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A
10. SUBJECT OF AMENDMENT: SECTION 7 – GENERAL PROVISIONS 7.4. MEDICAID DISASTER RELIEF FOR THE COVID 19 NATIONAL EMERGENCY	

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: HELEN C. SABLAN MEDICAID DIRECTOR OFFICE OF THE GOVERNOR COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CALLER BOX 10007 SAIPAN, MP 96950
13. TYPED NAME: HELEN C. SABLAN	
14. TITLE: MEDICAID DIRECTOR	
15. DATE SUBMITTED: 4/13/2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: April 12, 2020	18. DATE APPROVED: May 20, 2020
PLAN APPROVED - ONE COPY ATTACHED	

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: Anne M. Costello -S <small>Digitally signed by Anne M. Costello -S Date: 2020 05.20 11:11:20 -0400</small>
21. TYPED NAME: Anne Marie Costello	22. TITLE: Deputy Director Center for Medicaid & CHIP Services

23. REMARKS:
FORM CMS-179 (07-92) **Pen and ink changes made to Boxes 1, 4, 6, 8, and 9 by CMS with CNMI concurrence 5/13/2020
CNMI requested 1135 flexibility for effective date per email dated 5/12/20.**

Medicaid Disaster Relief for the COVID-19 National Emergency

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

1. Effective April 1, 2020, the income eligibility standards for individuals described in Section 2.2, part a), of the state plan will read as follows:

Total income does not exceed 180% of the SSI Federal Benefit Rate. The revised standards will be in effect through the end of the month in which the COVID-19 public health emergency ends (including extensions).

CNMI will not change the limit of the resource test.

2. Effective March, 1, 2020, the agency adopts a total of 12 months continuous eligibility for children under age 19 regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

3. Presumptive Eligibility:

- a. Effective April 1, 2020, the Commonwealth Medicaid Agency designates itself as a qualified entity to make presumptive eligibility determinations for individuals whose attested gross income does not exceed 180% of the SSI Federal Benefit Rate. The agency will not require an attestation of citizenship or satisfactory immigrations status or residency as a condition of presumptive eligibility for individuals whose attested gross income does not exceed 180% of the SSI Federal Benefit Rate.
- b. Effective March, 18, 2020, the Commonwealth Medicaid Agency designates itself as a qualified entity to make presumptive eligibility determinations for all uninsured individuals defined under Section 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII).
- c. Effective April 1, 2020, the Commonwealth Medicaid Agency designates the Commonwealth Health Center (CHC), Hospital of the Commonwealth Healthcare Corporation (CHCC), and Division of Public Health Services of the CHCC as qualified entities to make presumptive eligibility determinations for individuals whose attested gross income does not exceed 180% of the SSI Federal Benefit

Rate. The agency will not require an attestation of citizenship or satisfactory immigrations status or residency as a condition of presumptive eligibility for individuals whose attested gross income does not exceed 180% of the SSI Federal Benefit Rate.

- d. Effective March, 18, 2020, the Commonwealth Medicaid Agency designates the Commonwealth Health Center (CHC), Hospital of the Commonwealth Healthcare Corporation (CHCC), and Division of Public Health Services of the CHCC as qualified entities to make presumptive eligibility determinations for all uninsured individuals defined under Section 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII).
- e. The end of the presumptive period is the earlier of:
 - i. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed before the end of the month in which the COVID-19 public health emergency ends (including extensions); or
 - ii. The last day of the COVID-19 public health emergency (including extensions), if application for Medicaid is filed by that date.
- f. Periods of presumptive eligibility are limited to no more than two within a calendar year, except that uninsured individuals defined under Section 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) may have unlimited periods of presumptive eligibility.