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State/Territory Name: Commonwealth of the Northern Mariana Islands

State Plan Amendment (SPA) #: 21-0001

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 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 28, 2021

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-21-0001

Dear Ms. Sablan:

We have reviewed the proposed State Plan Amendment (SPA) 21-0001, which was submitted to the Centers for Medicare & Medicaid Services on March 26, 2021. This SPA adopts the option to provide Medicaid eligibility without a 5-year waiting period to otherwise eligible individuals who lawfully reside in the Commonwealth of the Northern Mariana Islands in accordance with the Compacts of Free Association (COFA) between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Based on the information provided, we are approving SPA 21-0001 with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and the following Medicaid state plan pages to be incorporated into your State Plan:

- Attachment 2.6-A page 3

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

Digitally signed by

James G. Scott -S

: 2021.05.28

12:02:51 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0001	2. STATE: MP
	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 JANUARY 1, 2021	
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: Title XIX Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2021</u> \$ <u>6,000,000</u> b. FFY <u>2022</u> \$ <u>11,000,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.6-A, PAGE 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW	
10. SUBJECT OF AMENDMENT: ELECTING THE OPTION TO COVER COFA/FAS CITIZENS		

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

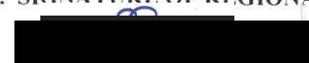
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: 3/26/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 25, 2021	18. DATE APPROVED: May 28, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2021.05.28 12:05:17 -05'00'
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS: Pen & ink addition of FFY 2022 budget impact in Box 7 authorized via email received 5/3/2021.
FORM CMS-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState/Territory: Commonwealth of the Northern Mariana Islands

- h. X **The territory provides Medicaid eligibility to otherwise eligible individuals who lawfully reside in Commonwealth of the Northern Mariana Islands in accordance with the Compacts of Free Association (COFA) between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Island, and the Republic of Palau. These individuals are not subject to the 5 year waiting period described in 8 USC 1613(a). (8 U.S.C. §1612(b)(2)(G); 8 U.S.C. §1613(b)(3); 8 U.S.C. §1641(b)(8)).**

TN No.: 21-0001Supersedes TN: NewApproval Date: May 28, 2021Effective Date: January 1, 2021