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State/Territory Name: Commonwealth of the Northern Mariana Islands

State Plan Amendment (SPA) #: 24-0002

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 1, 2024

Annie Rose Z. Reyes
Acting 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) 24-0002

Dear Acting Director Reyes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment proposes to provide 12 months continuous eligibility for children under the age of 19 in Medicaid, including children eligible with a Medically Needy spenddown.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations and Section 5112 of the Consolidated Appropriations Act, 2023. This letter informs you that the Commonwealth of the Northern Mariana Island's Medicaid SPA TN 24-0002 was approved on May 1, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Commonwealth of the Northern Mariana Islands State Plan.

If you have any questions, please contact Barbara Prehmus at (303) 844-7472 or via email at Barbara.Prehmus@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue horizontal line is drawn across the bottom of the redaction box.

Digitally signed by
James G. Scott -S
Date: 2024.05.01
10:04:50 -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 <u>2 4 - 0 0 0 2</u>	2. STATE <u>MP</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>01/01/2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>PL117-328 SEC. 5112 Continuous Eligibility for Children</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>2,500,000</u> b FFY <u>2025</u> \$ <u>5,000,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>SECTION 2, PAGE 28-B</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>NEW</u>	

9. SUBJECT OF AMENDMENT

TO IMPLEMENT CONTINUOUS ELIGIBILITY FOR CHILDREN AS REQUIRED BY PL117-328 SEC 5112

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO CNMI Medicaid Agency Office of the Governor Caller Box 10007 Saipan, MP 96950
12. TYPED NAME ARNOLD I. PALACIOS	
13. TITLE GOVERNOR	
14. DATE SUBMITTED <u>2/14/24</u>	

FOR CMS USE ONLY

16. DATE RECEIVED March 5, 2024	17. DATE APPROVED May 1, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL  <small>Digitally signed by James G. Scott -S Date: 2024.05.01 10:05:30 -05'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Authorization to make a pen & ink change to Box 15 was received via email on 4/30/24.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of the Northern Mariana Islands

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends on the last day of the earlier of the following periods:
 - a. The month that the child turns 19 years old
 - b. 12 months

2. Continuous eligibility is provided to children eligible under the territory's single eligibility group based on 150% of the SSI federal benefit rate and SSI allowable resources, including children eligible with a Medically Needy spenddown, who would otherwise lose eligibility because of any change in circumstances, unless:
 - a. The child dies.
 - b. The child or child's representative requests a voluntary termination of eligibility;
 - c. The child ceases to be a resident of the territory;
 - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of an agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
 - e. The child attains the maximum age specified in 1, above.