

## **Table of Contents**

**State/Territory Name: MP**

**State Plan Amendment (SPA) #: 25-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

---

August 19, 2025

George Cruz  
Director  
Commonwealth Medicaid Agency  
Office of the Governor  
Caller Box 10007  
Saipan, MP 96950

Re: CNMI State Plan Amendment (SPA) 25-0001

Dear Director Cruz:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment invokes 1902(j) waiver authority to exempt the Commonwealth of the Northern Mariana Islands (CNMI) from the requirements under 1902(a)(84)(D) of the Social Security Act.

CMS conducted our review of your submittal according to statutory requirements in 1902(a)(84)(D) and 1902(j) of Title XIX of the Social Security Act and implementing regulations at 42 CFR 431.56. This letter is to inform you that CNMI's Medicaid SPA Transmittal Number 25-0001 was approved on August 18, 2025, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into CNMI's official State Plan.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at [Maria.Garza@cms.hhs.gov](mailto:Maria.Garza@cms.hhs.gov).

Sincerely,

Nicole McKnight, Acting Director  
Division of Program Operations

Enclosures

cc:

Vicenta Borja, Commonwealth Medicaid Agency @ [vicenta.borja@cnmimedicaid.org](mailto:vicenta.borja@cnmimedicaid.org)  
Kennedy Benjamin, Commonwealth Medicaid Agency @ [kennedy.benjamin@cnmimedicaid.org](mailto:kennedy.benjamin@cnmimedicaid.org)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 1

2. STATE

MP3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

Sec. 5121, CAA2023 1902(j) (P&I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY FFY25 2025 \$ 0 (P&I)b. FFY FFY26 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1 A, Page 13, A-G~~ P&IAttachment 3.1-M, Page 1-2 (NEW) (P&I)~~Attachment 4.10 B Page 10~~ P&I8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)~~Attachment 3.1 A, Page 13 A-G~~ P&IAttachment 3.1 M, NEW, Pages 1-2 (P&I)~~Attachment 4.10 B Page 10~~ P&I9. SUBJECT OF AMENDMENT CNMI formally elects to apply 1902(j) waiver authority to exempt territory from the requirements under section 1902(a)(84)(D) of the Act. To add Targeted Case Management Services for Incarcerated Youth 30 days prior to scheduled release date. (P&I)

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

12. TYPED NAME  
GEORGE CRUZ13. TITLE  
DIRECTOR OF MEDICAID14. DATE SUBMITTED  
03/31/2025

15. RETURN TO

COMMONWEALTH MEDICAID AGENCY  
CALLER BOX 10007  
SAIPAN, MP 96950**FOR CMS USE ONLY**

16. DATE RECEIVED

March 31, 2025

17. DATE APPROVED

August 18, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

DATE (add date per CNMI email authorization) On 7/22/25 CNMI authorized P&I changes  
BOX 5 to add 1902(j) citation, BOX 6 - correcting FFY to correct format  
BOX 7 remove all pages except for Attachment 3.1-M pages 1-2 -adding (NEW)  
BOX 8 remove 3.1-M as NEW page & other page references from submission  
BOX 9 updated to reflect CNMI election to exempt requirements for 1902(j) waiver authority



**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

**State/Territory: Commonwealth of the Northern Mariana Islands**

General assurances. State must indicate compliance with all four items below with a check.

☐ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☐ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☐ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☐ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Additional information provided (optional):

☐ No

☒ Yes [provide below]

Consistent with the authority described in section 1902(j) of the Social Security Act, the requirement for the Commonwealth of the Northern Mariana Islands to comply with the requirements of section 1902(a)(84)(D) of the Act is waived. As a result, the Commonwealth of the Northern Mariana Islands is not required to provide for the mandatory coverage described at section 1902(a)(84)(D) of the Act for eligible juveniles who are inmates of a public institution post-adjudication of the charges.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.