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State/Territory Name: MP

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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



January 27, 2026

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

Re: CNMI State Plan Amendment (SPA) 25-0002

Dear Director Cruz:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This amendment invokes 1902(j) waiver authority to exempt the Commonwealth of the Northern Mariana Islands (CNMI) from the mandatory medication-assisted treatment (MAT) for opioid use disorders (OUD) benefit requirements under 1905(a)(29) of the Social Security Act.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that CNMI's Medicaid SPA Transmittal Number 25-0002 was approved on January 27, 2026, with an effective date of October 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.

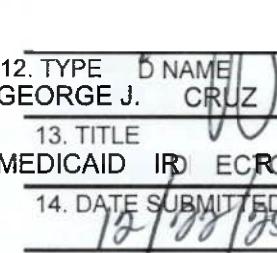
Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Vicenta Borja, Commonwealth Medicaid Agency
Kennedy Benjamin, Commonwealth Medicaid

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 2</u>	2. STATE <u>MP</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION <u>1905(a)(29) and 1902(j)</u>		4. PROPOSED EFFECTIVE DATE <u>10/01/2025</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement to Attachment 3.1-A, pg 18 and Supplement 1 to Attachment 3.1-A, page 1-4</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>FFY26</u> \$ <u>0</u> b. FFY <u>FFY27</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT <u>CNMI elects to apply 1902(j) waiver authority to exempt territory from the requirements under section 1905(a)(29) of the Act.</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF AGENCY OFFICIAL 		15. RETURN TO 	
12. TYPE & NAME <u>GEORGE J. CRUZ</u>		13. TITLE <u>MEDICAID IRO ECRO</u>	
14. DATE SUBMITTED <u>10/08/25</u>		16. DATE RECEIVED <u>December 21, 2025</u>	
FOR CMS USE ONLY			
16. DATE RECEIVED <u>December 21, 2025</u>		17. DATE APPROVED <u>January 27, 2026</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>October 1, 2025</u>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <u>Wendy E. Hill Petras</u>		21. TITLE OF APPROVING OFFICIAL <u>Acting Director, Division of Program Operations</u>	
22. REMARKS			

**State Plan under Title XIX of the Social Security Act
State/Territory: Commonwealth of the Northern Mariana Islands**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

1905(a)(29) MAT as described and limited in Supplement 1 to Attachment 3.1-A.

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 §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

TN: MP-25-0002
Supersedes TN: NEW

Approval Date: 1/27/2026
Effective Date: 10/1/2025

**State Plan under Title XIX of the Social Security Act
State/Territory: Commonwealth of the Northern Mariana Islands**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

- MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.
- The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT:

Consistent with the authority described at section 1902(j) of the Social Security Act (the Act), the requirement for the Commonwealth of the Northern Mariana Islands to comply with the requirements of section 1905(a)(29) of the Act is waived.

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 §1905(a)(29) of the Social Security Act. 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 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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.

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**State Plan under Title XIX of the Social Security Act
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

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**State Plan under Title XIX of the Social Security Act
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

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**State Plan under Title XIX of the Social Security Act
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

- The state has drug utilization controls in place. (Check each of the following that apply)
 - Generic first policy
 - Preferred drug lists
 - Clinical criteria
 - Quantity limits
- The state does not have drug utilization controls in place.

Limitations

Consistent with the authority described at section 1902(j) of the Social Security Act (the Act), the requirement for the Commonwealth of the Northern Mariana Islands to comply with the requirements of section 1905(a)(29) of the Act is waived.

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