Table of Contents

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

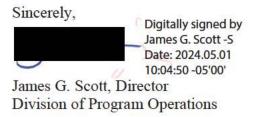
Dear Acting Director Reyes:

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.



Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
O: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	01/01/2024
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 2,500,000
L117-328 SEC. 5112 Continuous Eligibility for Children	b FFY 2025 \$ 5,000,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT ECTION 2, PAGE 28-B	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW
SUBJECT OF AMENDMENT O IMPLEMENT CONTINUOUS ELIGIBILITY FOR CHILDREN	AS REQUIRED BY PL117-328 SEC 5112
0. 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:
1. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	CNMI Medicaid Agency
2. TYPED NAME	Office of the Governor
RNOLD I. PALACIOS	Caller Box 10007
3. TITLE GOVERNOR	Saipan, MP 96950
14. DATE SUBMITTED	1
FOR CMS	USE ONLY
16. DATE RECEIVED	17. DATE APPROVED
	May 1, 2024
March 5, 2024	ONE CORY ATTACHED
March 5, 2024 PLAN APPROVED - 0	ONE COPY ATTACHED 19. SIGNATURE OF APPROVING OFFICIAL
March 5, 2024 PLAN APPROVED - 0 18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S
March 5, 2024 PLAN APPROVED - 0 18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL
March 5, 2024 PLAN APPROVED - 0 18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.05.01 10:05:30 -05'00'

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.

TN No.: MP-24-0002 Approval Date: May 1, 2024
Supersedes TN: New Effective Date: January 1, 2024