

Table of Contents

State/Territory Name: Commonwealth of the Northern Mariana Islands

State Plan Amendment (SPA) #: 23-0005

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 28, 2023

Vicenta Rosario Borja
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) 23-0005

Dear Ms. Borja:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0005. This amendment proposes to temporarily extend the eligibility total income limit not to exceed 180% of the SSI Federal Benefit Rate originally approved in Disaster Relief SPA MP-20-0001-B.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that the Commonwealth of the Northern Mariana Islands' Medicaid SPA Transmittal Number 23-0005 is approved effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.28
08:33:31 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 5</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>05/12/2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>375,000</u> b. FFY <u>2024</u> \$ <u>125,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Addendum to Section 2.2, page 29-C	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW	

9. SUBJECT OF AMENDMENT
"Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency"
This SPA temporarily extends the increased eligibility income limit of 180% FBR.

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:

12. TYPED NAME ARNOLD I. PALACIOS	15. RETURN TO MEDICAID AGENCY OFFICE OF THE GOVERNOR CALLER BOX 10007 SAIPAN, MP 96950
13. TITLE GOVERNOR	
14. DATE SUBMITTED <u>April 28, 2023</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>April 27, 2023</u>	17. DATE APPROVED <u>June 28, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>May 12, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL <i>Alissa M. DeBoy -S</i> Digitally signed by Alissa M. DeBoy Date: 2023.06.28 08:33:51 -04'00'
20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u>	21. TITLE OF APPROVING OFFICIAL <u>On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services</u>

22. REMARKS
Authorization received via email on 6/23/23 to make Pen&Ink change to Box 9 to clarify subject of the amendment.

State/Territory: Commonwealth of the Northern Mariana Islands (CNMI)

Section 2.2 Addendum, “Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency”

Effective May 12, 2023 until 12/31/2023, the agency temporarily extends the following election(s) without modification in Addendum to Section 2.2 (approved on 05/20/2020 in SPA Number MP-20-0001-B) of the state plan:

eligibility:

 X The agency makes the following adjustments to income eligibility standards currently covered in the state plan:

Medicaid Disaster Relief for the COVID-19 National Emergency

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

1. Effective April 1, 2020, the income eligibility standards for individuals described in Section 2.2, part a), of the state plan will read as follows:

Total income does not exceed 180% of the SSI Federal Benefit Rate.

CNMI will not change the limit of the resource test.