

Table of Contents

State/Territory Name: CNMI

State Plan Amendment (SPA) #: 17-001

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 7, 2017

Helen Sablan, Administrator
Medicaid
Caller Box 10007
Saipan, MP 96950

Dear Ms. Sablan:

Enclosed is an approved copy of CNMI State Plan Amendment (SPA) 17-001. The SPA updates Part 2 (Coverage and Eligibility) and authorizes a new spend-down program for the medically needy. The SPA was originally submitted to my office on August 28, 2017.

The approval is effective October 1, 2017. Attached are copies of the following pages to be incorporated into your State Plan:

- Part 2 Pgs. 27 and 28A

If you have any questions, please contact Cindy Lemesh by phone at (415) 744-3571 or by email at Cynthia.Lemesh@cms.hhs.gov.

Sincerely,



Henrietta Sam Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: CNMI-17-001	2. STATE CNMI
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2017	

5. TYPE OF PLAN MATERIAL. (Check One):

- NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT TO EXISTING PLAN

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.831-Income Eligibility	7. FEDERAL BUDGET IMPACT: a. FFY -2018 \$ 200K b. FFY -2019 \$ 200K
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Part 2 Coverage and Eligibility (Revised General Waiver Operational Plan- Operational Plan) pp. 27 and 28A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): P. 27

10. SUBJECT OF AMENDMENT:
2.2-Coverage and Conditions of Eligibility *Coverage of Certain Income and Resources and Spend-down*

11. GOVERNOR'S REVIEW (Check One):
- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment

12. SIGNATURE: RALPH [REDACTED]	OFFICIAL: 28 AUG 2017	16. RETURN TO: Shirley Camacho-Ogumoro Special Assistant for Administration Office of the Governor Caller Box 10007 Juan A. Sablan BLDG. Capital Hill Saipan, MP 96950
13. TYPED NAME: Shirley Camacho-Ogumoro		
14. TITLE: Special Assistant For Administration		
15. DATE SUBMITTED:		

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 8/28/17	18. DATE APPROVED: November 7, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/17	20. SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]
21. TYPED NAME: Henrietta Sam-Louie	22. TITLE: Associate Regional Administrator

23. REMARKS:
**Pen and ink changes made to Boxes 6, 8, 9 and 10
Approved by Helen Sablan State Medicaid Director
on 11/2/17.**

period requirement and meets the “qualified alien” criteria.

- iv) Is an alien who is not a qualified alien, as defined in section 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provisions of (ii) above. (Medicaid is provided to these individuals only for care and services necessary for the treatment of an emergency medical condition as defined below).
 - v) Is a resident of the CNMI.
- b) All SSI cash-assistance recipients.

Counting of Certain Income and Resources

The income and resources of parents, including stepparents, with non-SSI children under age 18 will be counted if the child(ren) live(s) within the same household unless emancipation of the minor children can be demonstrated by legal court documents.

Ancestral Real Property Exemption

In addition to other applicable SSI resource disregards and exemptions, any non-income producing, ancestral real property is exempted. Ancestral real property is defined as real property that has been in the

Spend-down

The Medicaid Agency allows spend-down TO ALL CNMI Medicaid applicants' and recipients' whose income is in excess of the established income criteria, provided the amount in excess is less than the cost of medical services. The monthly spend-down amount in such cases will be the amount of income in excess of the established income criteria (at present 150% SSI FBR). The applicant and recipient will first have to incur the spend-down amount before Medicaid can pay for the difference.