



Region IX

Division of Medicaid &amp; Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

JUN 27 2012

Helen Sablan, Administrator  
Department of Public Health  
P.O. Box 500409  
Saipan, MP 96950

Dear Ms. Sablan:

This letter is being sent as a companion to our approval of CNMI State Plan Amendment (SPA) MP 12-001. This SPA amends Attachment 3.1-A to insert certain monetary, age and provider restrictions into the CNMI Medicaid benefit package, as well as elaborating upon the provider qualification requirements for each covered service. Our review of MP 12-001 included an analysis of the amount, duration and scope of services, which is described in detail in "Part 3 – Services" of the CNMI State Medicaid Plan. Based on this review, CMS has determined that certain provisions within this section of the State Plan should be revised. CMS' concerns are noted below:

#### **Physical Therapy On and Off-island, page 37**

Please clarify if physical therapy services are provided as a stand-alone benefit separate from being available as part of the home health benefit. If physical therapy is only available within the home health benefit, please remove the separate physical therapy language from "Part 3- Services".

#### **State Plan Format for the Amount, Duration and Scope of Services**

In its current format, the CNMI State Medicaid Plan places its description of covered Medicaid services in Part 3 of the State Plan, while describing the limitations in Attachment 3.1-A. CMS recommends that CNMI move all of the information from Part 3 into Attachment 3.1-A and delete Part 3 from the State Plan. Consolidating all information regarding the CNMI Medicaid benefit package would simplify the State Plan, and create a single, comprehensive description of State Plan benefits.

\* The issues noted above arose out of corresponding review done as a result of the service changes contained in MP 12-001. Any amendments to the CNMI Medicaid State Plan needed to resolve these issues will be done separately from MP 12-001, and will have no bearing MP 12-001's implementation. Please respond to this letter within 90 days from its date with a corrective action plan describing how you will resolve the issues, and respond to the recommendations identified above. During the 90-day period, we are happy to provide any technical assistance that you need.

If you have any questions regarding this letter, please contact Tom Schenck by phone at (415) 744-3598, or by e-mail at [tom.schenck@cms.hhs.gov](mailto:tom.schenck@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Gloria Nagle" followed by a flourish and a period.

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Mary Rydell, CMS Pacific Area Representative