

State/Territory: Commonwealth of the Northern Mariana Islands

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO
THE CATEGORICALLY NEEDY**

1. Inpatient hospital services other than those provided in an institution for mental diseases.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

2.a. Outpatient hospital services.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic, which are otherwise included in the state plan.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

3. Other laboratory and x-ray services.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

***Description provided on attachment.**

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State/Territory: Commonwealth of the Northern Mariana Islands

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY**

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

/X/ Provided: // No limitations /X/ With limitations*
Not provided: //

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

/X/ Provided: /X/ No limitations // With Limitations*
Not provided: //

- 4.c. Family planning services and supplies for individuals of child-bearing age.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

- 4.d. Tobacco cessation counseling for pregnant women provided.

/X/ Provided: // No Limitations /X/ With Limitations*
Not provided: //

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

// Provided: // No limitations // With limitations*
Not provided: /X/

* Description provided on attachment.

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b. Optometrists' services.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

c. Chiropractors' services.

// Provided: // No limitations // With limitations*
Not provided: /X/

d. Other practitioners' services.

/X/ Provided: // No limitations /X/ With limitations*
Not provided: //

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

b. Home health aide services provided by a home health agency.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

c. Medical supplies, equipment, and appliances suitable for use in the home.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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TO THE CATEGORICALLY NEEDY**

- d. **Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.**

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

8. **Private duty nursing services.**

// Provided: // No limitations // With limitations*
Not provided: /X/

***Description provided on attachment.**

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**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY REEDY**

9. **Clinic services.**
/X/ Provided: /X/ No limitations // With limitations*
Not provided: //
10. **Dental services.**
/X/ Provided: // No limitations /X/ With limitations*
Not provided: //
11. **Physical therapy and related services.**
- a. **Physical therapy.**
/X/ Provided: /X/ No limitations // With limitations*
Not provided: //
- b. **Occupational therapy.**
// Provided: // No limitations // With limitations*
Not provided: /X/
- c. **Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or audiologist).**
/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

*Description provided on attachment.

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State/Territory: Commonwealth of the Northern Mariana Islands

**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY**

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

/X/ Provided:	//	No limitations	/X/	With limitations*
Not provided:	//			

b. Dentures.

// Provided:	//	No limitations	//	With limitations*
Not provided:	/X/			

c. Prosthetic devices.

/X/ Provided:	//	No limitations	/X/	With limitations*
Not provided:	//			

d. Eyeglasses.

/X/ Provided:	//	No limitations	/X/	With limitations*
Not provided:	//			

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services-

// Provided:	//	No limitations	//	With limitations*
Not provided:	/X/			

***Description provided on attachment.**

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State/Territory: Commonwealth of the Northern Mariana Islands

**AMOUNT, DURATION AND SCOPE OF MEDICAL
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TO THE CATEGORICALLY NEEDY**

b. Screening services.

// Provided: // No limitations // With limitations*
Not provided: /X/

c. Preventive services.

// Provided: // No limitations // With limitations*
Not provided: /X/

d. Rehabilitative services.

// Provided: // No limitations // With limitations*
Not provided: /X/

14. Services for individuals age 65 or older in institutions for mental diseases.

// Provided: // No limitations // With limitations*
Not provided: /X/

a. Inpatient hospital services.

// Provided: // No limitations // With limitations*
Not provided: /X/

b. Skilled nursing facility services.

// Provided: // No limitations // With limitations*
Not provided: /X/

c. Intermediate care facility services.

// Provided: // No limitations // With limitations*
Not provided: /X/

* Description provided on attachment.

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**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):**

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

// Provided: // No limitations // With limitations*
Not provided: /X/

- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.

// Provided: // No limitations // With limitations*
Not provided: /X/

16. Inpatient psychiatric facility services for individuals under 22 years of age.

// Provided: // No limitations // With limitations*
Not provided: /X/

17. Nurse-midwife services.

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

18. Hospice care (in accordance with section 1905(o) of the Act.

/X/ Provided: // No limitations /X/ With limitations*
Not provided: //

* Description provided on attachment.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of the Northern Mariana Islands

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
- | | | | | |
|---------------|-----|----------------|----|-------------------|
| // Provided: | // | No limitations | // | With limitations* |
| Not provided: | /X/ | | | |
- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.
- | | | | | |
|---------------|-----|----------------|----|-------------------|
| // Provided: | // | No limitations | // | With limitations* |
| Not provided: | /X/ | | | |
20. Extended services for pregnant women
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.
- | | | | | |
|---------------|----|----------------|-----|-------------------|
| /X/ Provided: | // | No limitations | /X/ | With limitations* |
| Not provided: | // | | | |
- Additional coverage ++
- b. Services for any other medical conditions that may complicate pregnancy.
- | | | | | |
|---------------|----|----------------|-----|-------------------|
| /X/ Provided: | // | No limitations | /X/ | With limitations* |
| Not provided: | // | | | |
- Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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21. **Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).**

// Provided: // No limitations // With limitations*
Not provided: /X/

22. **Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).**

// Provided: // No limitations // With limitations*
Not provided: /X/

23. **Certified pediatric or family nurse practitioners' services.**

/X/ Provided: /X/ No limitations // With limitations*
Not provided: //

***Description provided in attachment.**

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State/Territory: Commonwealth of the Northern Mariana Islands

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
/X/ Provided: // No limitations /X/ With limitations*
Not provided: //
 - b. Services provided in religious nonmedical health care institutions.
// Provided: // No limitations // With limitations*
Not provided: /X/
 - c. Reserved.
// Provided: // No limitations // With limitations*
Not provided: /X/
 - d. Nursing facility services for patients under 21 years of age.
/X/ Provided: // No limitations /X/ With limitations*
Not provided: //
 - e. Emergency hospital services.
/X/ Provided: // No limitations /X/ With limitations*
Not provided: //
 - f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
// Provided: // No limitations // With limitations*
Not provided: /X/

*Description provided on attachment.

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State/Territory: Commonwealth of the Northern Mariana Islands

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY**

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

// Provided: // No limitations // With limitations*
Not provided: /X/

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

// Provided: // No limitations // With limitations*
Not provided: /X/

State Approved (Not Physician) Service Plan Allowed Services Outside the Home
Also Allowed Limitations Described on Attachment 3. 1-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 3 – SERVICES: GENERAL PROVISIONS

Amount, Duration, and Scope of Services

The following services, as described on the following pages, will be provided to those determined to be eligible for Medicaid:

a) <u>Services</u>	<u>On-Island</u>	<u>Off-Island*</u>
1. Inpatient Hospital	X	X
2. Outpatient Hospital	X	X
3. Other Laboratory & X-ray	X	X
4. Skilled Nursing Services		X
5. Physician Services	X	X
6. Medical Care and Other ¹	X*	X
7. Home Health Services	X*	X
8. Private Duty Nursing		
9. Clinic Services	X	X
10. Dental Services ¹	X	X
11. Physical Therapy ¹	X	X
12. Prescribed Drugs, Dentures, and and Prosthetic Devices ¹	X*	X
13. Diagnostic, Screening, Preventive, and Rehab Services		

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Services	<u>On-Island</u>	<u>Off-Island*</u>
14. 65 or Older in Institution for Mental Disease		
15. Intermediate Care Facility Services		
16. Inpatient Psychiatric Facility Services		
17. Nurse-Midwife Services	X	
18. Hospice Care ¹	X	
19. Case Management Services		
20. Extended Services for Pregnant Women ¹	X	
21. Ambulatory Prenatal Care for Pregnant Women		
22. Respiratory Care Services		
23. Certified Pediatric or Family Nurse Practitioners' Services	X	
24. Any Other Medical Care and Any Other Type of Remedial Care ¹	X*	
25. Home and Community Care		
26. Personal Services Care		

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*All services provided off-island are covered only if prior authorization has been obtained. In addition, on-island services marked with an asterisk also require prior authorization.

*Home health services are covered with prior authorization. Only services provided by a Medicare-certified Home Health Agency will be covered.

¹ Attachment 3.1-A specifies limitations on these services.

b) Definitions and Description of Services

As noted in the proceeding list a) above, and in the following descriptions, some services are only provided off-island. The following definitions and descriptions apply for all services whether provided on or off-island:

i) "Patient" means an individual receiving needed professional services which are directed by a licensed practitioner of the healing arts towards the maintenance, improvement, or protection of health, or lessening of illness, disability, or pain.

ii) "Outpatient" means a patient who is receiving professional services at an organized medical facility, or distinct part of such a facility, who is expected by the facility to receive and who does receive professional services for less than a 24-hour period regardless of the hour of admission, whether or not a bed is used, or whether or not the patient remains in the facility past midnight.

1. 42 CFR 440.10: Inpatient Services On and Off-island

All acute inpatient services, other than services in an institution for tuberculosis or mental disease that are furnished in a hospital for the professional care and treatment of patients on a continuous 24-hour-a-day basis:

- Acute Medical
- Acute Surgical
- Acute Pediatric
- Acute Obstetrics/Gynecology
- Intensive Care

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These services must be provided in a facility that is certified as a Medicare/Medicaid provider.

2. 42 CFR 440.20: Outpatient Hospital Services On and Off-island

Preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished on an outpatient basis by or under the direction of a physician or dentist in an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard setting and meets the requirements for participation in Medicare. On-island, these services will be provided through formally organized and regularly scheduled hospital outpatient clinics operated by the CNMI Government.

On-island outpatient services will be provided by the governmentally-owned Commonwealth Healthcare Corporation's medical providers and its facilities at the: Commonwealth Health Center, Rota Health Center, Tinian Health Center, Public Health Clinics, and Transitional Living Center.

The only exception is if the outpatient services are not available at any of the Commonwealth Healthcare Corporation's facilities and prior authorization is obtained. Prior authorizations are granted when a certification from the Commonwealth Healthcare Corporation, stating that services are not available at the Commonwealth Healthcare Corporation, is attached to the request.

3. 42 CFR 440.30: Other Laboratory and X-ray Services On and Off-island

Other laboratory and X-ray services means professional and technical laboratory and radiological services that are ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law. Such services are provided in an office or similar facility other than a hospital outpatient department or clinic. They are provided by a laboratory that meets the requirements for participation in Medicare at Part 493.

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4. 42 CFR 440.40: Skilled Nursing Services

4a. Nursing Facility (NF) Services Off-island

Nursing Facility Services are provided to individuals age 21 or older, other than services in an institution for tuberculosis or mental disease. These services are needed on a daily basis and are required to be provided on a regular basis, health-related services to individuals who do not require hospital care, but whose mental or physical condition requires services that (1) Are above the level of room and board and post-hospital extended care services under 42 CFR Section 440.40(a) and 440.155. NF services are provided by a facility or distinct part of a facility that is certified to meet the requirements for participation in Medicare, and are ordered by and provided under the direction of a physician.

4b. Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) On and Off-Island.

EPSDT services are screening and diagnostic services to determine physical or mental defects in recipients under age 21 and health care, treatment, and other measures to correct or ameliorate any defects and conditions discovered. These services are provided through the well-baby clinic, school health, and physical examination clinics.

4c. Family Planning Services On and Off-Island

Family planning services and supplies are provided to individuals of childbearing age.

Provided with no limitations.

4d. Tobacco Cessations Counseling for Pregnant Women Provided.

A. Provider Eligibility Requirements - Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

B. Benefit Limitations

1. Face-to-face counseling for at least four sessions of at least 30 minutes each.

2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of quit attempts exceeding 2 per year.

5. 42 CFR 440.50: Physician Services On and Off-island

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Physicians' services are services provided within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy

6. 42 CFR 440.60: Medical Care or Other Remedial Care On and Off-Island

Medical and other types of remedial care means any medical or remedial care or services other than physicians' services provided by licensed practitioners within the scope of practice as defined under State law.

6a. Podiatrists' services.

Not provided.

6b. Optometrists' Services On and Off-Island

Provided.

6c. Chiropractors' Services

Not Provided

6d. Other Practitioners' Services On and Off-Island

Other practitioners' services means any medical care or services provided by a professional practitioner of the medical arts other than a physician who is currently licensed to practice under State law within the scope of practice as defined by State law.

Medical care or any other type remedial care, other than physician services, will be provided by licensed practitioners within the scope of practice defined under CNMI law.

A participating practitioner, public or private, must meet the following requirements:

- A. CNMI-Licensed Clinical psychologist, nurse practitioner, or physician assistant

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- B. Signed agreement to participate with and abide by the rules and regulations of the Commonwealth of the Northern Mariana Islands Medicaid Program.

7. 42 CFR 440.70: Home Health Services On and Off-Island

Home health services are services provided to a patient on orders from a physician as part of a written plan of care that the physician reviews every 60 days. Such services are provided in the patient's residence on-island or in a temporary residence while authorized for off-island care before returning to his permanent residence, as part of a post-hospital care program. These services are provided only as an alternative to more costly inpatient or skilled nursing services. These services include:

- A. Nursing services, as defined in the State Nursing Practice Act, that are provided on a part-time or intermittent basis by a public or private home health agency or organization which meets the requirements for participation in Medicare.
- B. Home health aide services provided by a home health agency.
- C. Medical supplies and equipment suitable for use in the patient's residence.
- D. Physical therapy, occupational therapy, speech therapy and audiology services provided by a home health agency or by a facility licensed by the state to provide medical rehabilitation services.
 - Must be a Medicare-certified home health agency.
 - Must be medically necessary.
 - The fact that a provider has prescribed, recommended, or approved the services or items does not, in itself, make such services or items medically necessary or a covered service. The Medicaid Agency will make determination upon review of the claim and/or medical record.
 - Home Health Services are provided in accordance with 42 CFR 440.70.
 - Therapy services are provided in accordance with 42 CFR 440.110.

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- Physical therapy services provided by the Home health agency must be provided by a qualified physical therapist who is a graduate of a program of physical therapy approved by both the Council of Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent and licensed to practice in the CNMI, in accordance with 42 CFR 440.120(c).
- Medical supplies and durable medical equipment other than wheelchairs must come from a Medicare-certified medical supplier

Wheelchairs:

- Must be prescribed by a licensed physician.
- Must have prior authorization by the Medicaid agency.
- Must be provided by a Medicare-certified DME supplier.
- Only one wheelchair is allowed every 5 years.
- Only standard, manually-operated wheelchairs are covered. Motorized chairs including its replacement parts are not covered.
- Repair and maintenance of wheelchair requires prior authorization by the Medicaid agency and must be due to normal wear and tear only.

8. 42 CFR 440.80: Private Duty Nursing Services

Not provided.

9. 42 CFR 440.90: Clinic Services On and Off-island

Preventive, diagnostic, therapeutic, rehabilitative or palliative nature services that are provided to outpatients by or under the direction of a physician or dentist by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients.

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10. 42 CFR 440.100: Dental Services On and Off-island

Diagnostic, preventive and corrective procedures provided by or under the supervision of a dentist in the practice of dentistry, including treatment of the teeth and associated structures of the oral cavity, or treatment of disease, injury, or impairment that may affect the oral or general health of the patient.

- Orthodontics, prosthetics, and root canal are not covered services.
- Coverage of oral surgery is limited to emergencies.
- Coverage is limited to age 20 and under, unless it is necessary for relief of pain and infection only.

11. 42 CFR 440.110: Physical Therapy and Related Services On and Off-Island

Services provided to a patient that are prescribed by a physician provided by or under the direction of a qualified physical therapist who is a graduate of a program of physical therapy approved by both the Council of Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent and licensed to practice by the State.

12. 42 CFR 440.120: Prescribed Drugs, Prosthetic Devices, and Eyeglasses On and Off-island

“Prescribed Drugs” means simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his professional practice in accordance with the State Medical Practice Act. Such drugs must be dispensed by licensed, authorized pharmacists or practitioners on a written prescription that is recorded and maintained in the pharmacist’s or practitioner’s record in accordance with the State Medical Practice Act.

“Prosthetic devices” means replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law to

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artificially replace a missing portion of the body; to prevent or correct physical deformity or malfunction; or to support a weak or deformed portion of the body.

“Eyeglasses” means lenses, including frames, and other aids to vision prescribed by a physician skilled in diseases of the eye or an optometrist.

12a. Prescribed Drugs

- Must be prescribed by a licensed physician or practitioner as defined by federal and CNMI law.
- Coverage for brand-name medications is excluded when they are not listed in the CNMI Medicaid Drug Formulary or when an FDA approved A-rated generic equivalent is available. Prior approval is necessary if the drug is exempted.
- Limited to 30-day supply unless larger quantity is required for off-island travel. Any quantity larger than 30-day supply must have prior authorization by the Medicaid Agency.
- Experimental drugs or listed as “less than effective” drugs are not covered.
- Excluded Drugs, even if prescribed by a physician or medical provider, are Medications:
 - Tetrahydrocannabinol, Marinol or any form of cannabinoids, medical marijuana or marijuana alternative
 - For Weight loss
 - For Erectile dysfunction
 - For Promotion of fertility
 - For Gender reassignment
 - For Cosmetic Purposes
 - That do not have a National Drug Code (NDC)

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- A limitation of six (6) filled prescriptions per month. The only exception is if the doctor has submitted to the Medicaid Agency a "Medical Plan of Care" and prior approval is granted.

12b. Dentures

Not Provided.

12c. Prosthetic Devices

- Must be prescribed by a licensed physician or other licensed practitioner in accordance with the 42 CFR 440.120(c).
- Repair and maintenance of prosthetic device or other medical equipment requires prior authorization by the Medicaid agency.
- Prosthetics, In accordance with 42 CFR 440.120(c), are used to artificially replace a missing portion of the body; prevent or correct physical deformity or malfunction; or support a weak or deformed portion of the body.

Hearing Aids:

- Must be prescribed by a certified audiologist or by a licensed physician in accordance with 42 CFR 440.110.
- Must have prior authorization by the Medicaid agency.

12d. Eyeglasses

- Must be prescribed by a licensed ophthalmologist or optometrist.
- Lenses may be for single vision or standard
- Tinted or coated lenses are not covered unless for individuals with aphakia.
- Only plastic frames are covered unless metal frames are less expensive.
- Contact lenses are not covered.
- Only one pair of eyeglasses will be covered every two years. There is a \$100.00 LIMITATION ON COST OF frames.

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- Lost or broken glasses for individuals over 20 will not be covered within two years.
- REFRACTIVE PROCEDURES are not covered.

13. 42 CFR 440.130: Diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan

13a. Diagnostic services

Not provided.

13b. Screening services

Not provided.

13c. Preventive services

Not provided.

13d. Rehabilitative services

Not provided.

14. 42 CFR 440.140: Services for individuals age 65 or older in institution for mental diseases.

Not provided

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15. 42 CFR 440.50: Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Not provided.

16. 42 CFR.160: Inpatient psychiatric facility services for individuals under 22 years of age.

Not provided.

17. 42 CFR 440.165: Nurse-midwife services

Provided.

18. Hospice care (in accordance with section 1905(o) of the Act.

Provided with limitations.

Lifetime maximum of one hundred eighty (180) days and certified as terminally ill.

19. 42 CFR 440.169: Case management services and Tuberculosis related services.

Not Provided

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20. Extended services for pregnant women

20a. Pregnancy-Related and Postpartum Services

Pregnant women, who were eligible for, applied for, and received medical assistance under the CNMI Medicaid General Waiver and Operational Plan, will be provided all pregnancy-related and postpartum services until the end of the 60-day period beginning on the last date of their pregnancy.

20b. Services that may complicate Pregnancy

Pregnant women services, including prenatal, delivery, and postpartum services, and any other medical conditions that may complicate the pregnancy, are provided.

21. Ambulatory Prenatal Care

Not provided.

22. Respiratory Care Services

Not Provided.

23. 42 CFR 440.166: Certified pediatric or family nurse practitioners' services.

Provided.

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24. 42 CFR 440.170: Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

24a. Transportation On and Off-island

Commercial air transportation costs within CNMI to and from the Commonwealth Health Center and commercial air transportation to and from facilities outside the CNMI are provided by the Medicaid Agency. Such airfare costs are provided to patients and their escorts as authorized by the Medical Referral Committee in accordance with its policies and procedures for necessary medical care not available in the CNMI. Ground transportation is provided by the Medical Referral Office on Guam or in Honolulu, or by a licensed ambulance service. Ambulance services within the CNMI are provided by the Department of Public Safety in cases of emergencies.

Ambulance Services:

Non-Emergency Ambulance Transportation:

Must be medically necessary, whereas, the use of any other method of transportation would be hazardous to the patient's health, whether or not any other methods of transportation are available.

No coverage when used for convenience of the patient, family, staff or doctor, or because other means of transportation were not available at the time. The patient's condition at the time of transport is the determining factor for a covered trip.

Medicaid will not pay for non-emergency ambulance service unless the patient is unable to get out of bed without assistance, and unable to walk, and unable to sit in a chair or wheelchair, and/or that transportation by any other means would pose a hazard to the patient's health and these items must be documented ahead of time in patient records by a physician.

Prior authorization is required.

24b. Services provided in Religious Nonmedical Health Care Institutions.

Not Provided.

24c. Reserved.

Not provided.

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24d. Nursing Facility Services For Patients Under 21 Years.

Provided with limitations.

Nursing facility services for patients under 21 years old means services that provided to recipients under 21 years old on an inpatient basis by a Nursing Facility Services.

24e. Emergency Hospital Services

A. Emergency hospital services means:

1. Services necessary to prevent the death or serious impairment of the health of a recipient; and
2. Services provided by the most accessible hospital available that is equipped to furnish the services because of the threat to the life of health of the recipient even if the hospital does not currently meet:
 - a. The conditions for participation under Medicare; or
 - b. The definition of inpatient or outpatient hospital services under the CNMI Medicaid General Waiver and Operational Plan.

B. Benefit Limitations

Emergency services, as described above, are provided to eligible recipients and illegal aliens if they meet all other eligibility criteria.

24f. Personal care services in Recipient's Home

Not provided.

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25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Not provided.

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Not Provided.