



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

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

San Francisco, CA 94103-6706

JUN 21 2012

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

Dear Ms. Sablan:

I am writing to inform you that CNMI's State Plan Amendment (SPA) No. 12-002 has been approved. This SPA was submitted to my office on March 29, 2012, and creates an Attachment 2.6-A to implement the section 214 of CHIPRA in order to provide Medicaid Coverage to pregnant women and children who are "lawfully residing in the United States" as described in section 1903(v)(4) and 2107(e)(1)(J) of the Social Security Act. The approval is effective January 1, 2012 as requested.

Attached are copies of the new State Plan pages to be incorporated within your approved State plan:

- Attachment 2.6-A, pages 1-2

If you have any questions, please contact Tom Schenck at (415) 744-3589, or tom.schenck@cms.hhs.gov.

Sincerely,

/s/

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

cc: Mary Rydell, CMS Pacific Area Representative

Revision: CMS-PM- ATTACHMENT 2.6-A

**OMB No.:
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
ELIGIBILITY CONDITIONS AND REQUIREMENTS**

**Citation(s) Condition or Requirement
42 CFR 435.406 3. Is residing in the United States (U.S.), and—**

- a. Is a citizen or national of the United States;**
- b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;**
- c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;**
- d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;**
- e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.**

XX State covers all authorized QAs.

 State does not cover authorized QAs.

f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women and children as specified below who are aliens lawfully residing in the United States; including the following:

- (1) A qualified alien as defined in section 431 of PRWORA (8 U.S.C. §1641);
- (2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
- (3) An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;
- (4) An alien who belongs to one of the following classes:
 - (i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. §§1160 or 1255a, respectively);
 - (ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. §1254a), and pending applicants for TPS who have been granted employment authorization;

Page 1

TN No. 12-002
Supersedes
TN No. _____

Approval Date JUN 21 2012 Effective Date 1/01/2012

- (iii) Aliens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);
- (iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended;
- (v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;
- (vi) Aliens currently in deferred action status; or
- (vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status;

(5) A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. § 1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. § 1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;

(6) An alien who has been granted withholding of removal under the Convention Against Torture;

(7) A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. § 1101(a)(27)(J));

(8) An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. § 1806(e); or

(9) An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.

XX Elected for pregnant women.

XX Elected for children up to age 19.

g. XX The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
MP ~~SNH~~ 12-002
tws

2. STATE
MP ~~CAR~~
tws

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
1-01-12

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

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:

Section 214 of CHIPRA.

7. FEDERAL BUDGET IMPACT:

a. FFY 2012

b. FFY 2013

ms ~~\$846 K~~
~~\$870 K~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 4.1 (REVISION) *tws*

Attachment 2.6-A, pages 1-2

10. SUBJECT OF AMENDMENT:

SECTION 4. ELIGIBILITY STANDARDS AND METHODOLOGY - EXPANDING COVERAGE TO INDIVIDUALS
LAWFULLY RESIDING IN THE US. SECTION 4. ELIGIBILITY STANDARDS AND METHODOLOGY.

11. 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:

The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: ESTHER S. FLEMING

14. TITLE: SPECIAL ASSISTANT FOR ADMINISTRATION

15. DATE SUBMITTED:

3/29/12

16. RETURN TO:

ESTHER S. FLEMING
SPECIAL ASSISTANT FOR ADMINISTRATION
OFFICE OF THE GOVERNOR
CALLER BOX 10007
JUAN A. SABLAN BLDG
CAPITAL HILL
SAIPAN, MP 96950

17. DATE RECEIVED: 3/29/2012

18. DATE APPROVED: JUN 21 2012

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Gloria Nagle, Ph.D., MPA

22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and Ink Changes, Boxes 1, 2 and 8