SUBCHAPTER 140-30.2
MEDICAL ASSISTANCE FOR THE NEEDY PROGRAM (MEDICAID) RULES AND REGULATIONS

Subchapter Authority: 1 CMC § 2605.

Subchapter History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: PL 1-8, tit. 1, ch. 12, codified as amended at 1 CMC §§ 2601-2633, created the Department of Public Health and Environmental Services within the Commonwealth government. See 1 CMC § 2601. 1 CMC § 2603(d) grants the Department the power and duty to establish and administer a Medicaid program. 1 CMC § 2605 directs the Department to adopt rules and regulations regarding those matters over which it has jurisdiction.

Executive Order 94-3 (effective August 23, 1994) reorganized the Commonwealth government executive branch, changed agency names and official titles, and effected numerous other revisions. According to Executive Order 94-3 §§ 105 and 305:

> Section 105. Department of Public Health.
>
> The Department of Public Health and Environmental Services is re-designated the Department of Public Health.

The full text of Executive Order 94-3 is set forth in the commission comment to 1 CMC § 2001.

Public Law 16-51 (effective Jan. 15, 2010), the "Commonwealth Healthcare Corporation Act of 2008," codified at 3 CMC § 2801 et seq., established the Commonwealth Healthcare Corporation, which assumed the duties of the Department of Public Health as of January 15, 2011.

Part 001 - General Provisions

[Reserved.]

Part 100 - Single State Agency Organization

§ 140-30.2-101 Delegation and Authority

(a)(1) The Department of Public Health and Environmental Services is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in the plan codified in this subchapter to "the Medicaid Agency" means the agency named in this subsection.)
(2) Attachment 1.1-A is a certification signed by the State Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program.

(b) The agency named in subsection (a) has responsibility for all determinations of eligibility for Medicaid under this subchapter.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs of subsection (a) were not designated. The Commission designated subsections (a)(1) and (a)(2).

The cited attachment 1.1-A was not published with the regulations.

With respect to the reference to the "Department of Health and Environmental Services, see Executive Order 94-3 (effective August 23, 1994), reorganizing the Commonwealth government executive branch, changing agency names and official titles, and effecting numerous other revisions; see also the general comment to this subchapter.

§ 140-30.2-105 Organization for Administration

(a) Attachment 1.2-A is an organization chart of the single state agency.

(b) Within the single state agency, the Division of Medicaid Services has been designated as the medical assistance unit. Attachment 1.2-B contains a description of the medical assistance unit and an organization chart of the unit.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The cited attachments 1.2-A and 1.2-B were not published with the regulations.

§ 140-30.2-110 Statewide Operation

The plan is in operation on a statewide basis in accordance with all requirements under the approved waiver granted by the Secretary. The plan is state administered.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-115 Medical Referral Committee

(a) The Medicaid agency utilizes the Medical Referral Committee to advise on matters pertaining to health and medical care services in the CNMI. The Committee authorizes approval for off-island care when required services are not available on-island.

(b) It is the policy of the CNMI government, that when the medical facilities in the Commonwealth health system are not able to provide adequate diagnostic evaluation or care of a patient's illness, the government is obligated to seek services outside the system for that patient.

(c) All off-island referrals, except emergencies, must be authorized by the Medical Referral Committee. The Medical Referral Committee is established pursuant to by-laws of the organized medical staff at the Commonwealth Health Center. The Medical Referral Committee was established to safeguard indiscriminate referrals of patients to medical facilities outside the Commonwealth health care system.

(d) The Committee is composed of licensed physicians who review and evaluate the condition of referral candidates to decide whether the patient can be adequately treated within the Commonwealth health care system. If the determination is made that the Commonwealth health care system is inadequate, the Medical Referral Committee then recommends that the patient be referred to the closest medical facility that can provide the needed treatment or services.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a)

through (d).

Part 200 - Coverage and Eligibility

§ 140-30.2-201 Method of Processing Applications and Determining Eligibility

The Medicaid agency will process applications, make determinations and furnish Medicaid as follows:

(a) Each applicant will be required to submit an application for medical assistance and to submit required supporting documents.

(b) Eligibility determination must be made within 60 days from the date the application is submitted to the Medicaid agency.

(c) Eligibility coverage may begin as much as three months prior to the submission date of application if the Medicaid agency determines that the applicant was otherwise eligible during that period.

(d) Eligibility coverage will be for up to one year. Changes of circumstances must be reported and re-determinations made where necessary. Recipients are required to re-apply and be redetermined annually.

(e) As a condition of eligibility, each legally able applicant and recipient will be required to assign his rights for release of information from agencies/organizations to the Medicaid agency for purposes of making eligibility determination. Refusal to assign rights to the Medicaid agency will result in the denial or termination of eligibility.

(f) SSI recipients are considered eligible upon filing an application for Medicaid.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-205 Coverage and Conditions of Eligibility

(a) Medicaid is available to the following individuals:
(1) All SSI cash assisted recipients;
(2) Low-income individuals who meet the current SSI income and resource levels and any applicable disregards and exemptions for the determination of eligibility, who:
(i) Are U.S. citizens, lawfully admitted permanent residents of the U.S., or permanently residing in the U.S. under color of law, and
(ii) Establish residency in CNMI.

(b) The same eligibility requirements will be made applicable to all individuals except for those who are receiving SSI.

(c) As a condition of eligibility, each legally able applicant and recipient must assign his rights to medical support or other third party payments to the Medicaid agency and must cooperate with the agency in obtaining medical support and payments.

(d) The income and resources of parents, including stepparents, grandparents, and other legal guardians with non-SSI children under age 18 will be counted if the child(ren) live(s) within the same household.

(e) Spend-down. The Medicaid agency allows spend-down for individuals 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 monthly SSI income standard. The recipient will first have to incur the spend-down amount before Medicaid can pay for the difference.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a) through (e). The Commission inserted a comma after the word "grandparents" in subsection (d) pursuant to 1 CMC § 3806(g).

§ 140-30.2-210 Residence

Medicaid is furnished to eligible individuals who are residents of the Commonwealth.

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 300 - Services; General Provisions

§ 140-30.2-301 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)	Services	On-island	Off-island†
(1)	Inpatient Hospital	X*	X
(2)	Outpatient Hospital	X	X
(3)	Other Laboratory and X-Ray	X	X
(4)	Nursing Facility		X
(5)	Early and Periodic Screening, Diagnosis and Treatment	X	X
(6)	Physician's Services	X	X
(7)	Clinic Services	X	X
(8)	Dental Services	X	X
(9)	Physical Therapy	X	X
(10)	††Prescribed Drugs & Eyeglasses	X	X
(11)	††Home Health Services	X	X

(12)	Transportation	X	X

† Services provided off-island require prior authorization by the Medical Referral Committee.
†† Attachment 3.1-A specifies limitations for these services.

(b) Definitions
As noted in the preceding list and in the following description, some services are only provided off-island. For all of these services the following definitions apply:
(1) "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.
(2) "Outpatient" means a patient who is receiving professional services at an organized medical facility, or distinct part of such a facility, which is not providing the patient with room and board and professional services on a continuous 24-hour-a-day basis.

(c) Inpatient Services On and Off-Island
(1) 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:
(i) Acute medical
(ii) Acute surgical
(iii) Acute pediatric
(iv) Acute obstetric/gynecology
(v) Intensive care
(2) These services must be provided in a facility that is certified as a Medicare/Medicaid provider.

(d) 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. Onisland, these services will be provided through formally organized and regularly scheduled hospital outpatient clinics operated by the CNMI government. These clinics are as follows:
(1) General medical clinic
(2) General surgical clinic
(3) Pediatric clinic
(4) Obstetric/gynecology clinic
(5) Ear, nose, and throat clinic
(6) Eye clinic
(7) Dental clinic
(8) Emergency room clinic.

(e) Other Laboratory and X-Ray Services 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.

(f) Nursing Facility (NF) Services Off-island

NF 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 an inpatient basis under 42 CFR §§ 409.31-409.35 as post-hospital extended care services. 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.

(g) Early and Periodic, Screening, Diagnosis and Treatment (ESPDT) Services

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.

(h) Family Planning Services

Family planning services and supplies are provided to individuals of child-bearing age.

(i) Physicians' Services On and Off-island

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.

(j) Home Health Services 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 temporary residence while authorized for off-island care and as part of a post-hospital care program, before returning to his permanent residence, provided by his off-island physician and only as an alternative to more costly inpatient or skilled nursing services. These services include:

(1) 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.

(2) Home health aide services provided by a home health agency.

(3) Medical supplies, equipment and appliances suitable for use in the patient's temporary off-island residence.

(4) 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.

(k) Clinic Services 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.

(l) Dental Services On and Off-island
(1) Diagnostic, preventive and corrective procedures provided by or under the supervision of a dentist in the practice of dentistry, including treatment of:
(i) The teeth and associated structures of the oral cavity;
(ii) Disease, injury, or impairment that may affect the oral or general health of the recipient.
(2) Dental services not provided are as follows:
(i) Orthodontics
(ii) Prosthetics
(iii) Root canal
(iv) Oral surgery.

(m) Physical Therapy 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.

(n) Prescribed Drugs On and Off-island
"Prescribed drugs" means single 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.

(o) Transportation
Commercial air transportation cost within CNMI to and from the Commonwealth Health Center and commercial air transportation to and from facilities outside the CNMI will be provided by the Medicaid agency. Such airfare costs will be 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 will be provided by the Northern Marianas Liaison Office on Guam or Honolulu, or by a licensed ambulance service. Ambulance services within the CNMI are provided by the Department of Public Safety in cases of emergencies.

* So in original.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs of subsection (a) and subsections (c) through (o) were not

designated. The Commission designated subsections (a)(1) through (a)(12) and (c) through (o).

In subsection (b), the Commission corrected the spelling of "preceding." In subsections (c)(4) and (d)(4), the Commission corrected the spelling of "gynecology." In subsection (l)(1), the Commission corrected the spelling of "corrective." In subsections (d)(8) and (l)(2)(iv), the Commission inserted the final periods.

The cited attachments 3.1-A and 3.2-A were not published with the regulations.

§ 140-30.2-305 Coordination of Medicaid with Medicare Part B

The Medicaid agency makes the entire range of benefits under part B of title XVIII available as part of the plan to certain eligible individuals under a buy-in agreement, through payment of the premium charges on behalf of such individuals, by meeting all or part of the cost of the deductible cost sharing or similar charges under part B. Regulation requirements under 42 CFR § 431.625 will be met.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The Commission corrected the spelling of "similar."

§ 140-30.2-310 Cost Sharing for Medicare Beneficiaries

For Medicaid eligible individuals enrolled in Medicare, the Medicaid agency pays the following costs:

(a) Premium under Medicare part B.

(b) Deductible and coinsurance amounts under Medicare part A and part B.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 400 - General Program Administration

§ 140-30.2-401 Method of Administration

The Medicaid agency employs methods of administration acceptable to the Secretary, as described in the plan in this subchapter, that are necessary for the proper and efficient operation of the program.

Modified, 1 CMC § 3806(d).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-405 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR part 431, subpart E.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-410 Safeguarding Information on Applicants and Recipients

The Medicaid agency assures compliance on safeguarding information on applicants and recipients through a system that restricts the use or disclosure of information concerning applicants or recipients to purposes directly related to the Medicaid program administration.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-415 Reports

The Medicaid agency will submit all reports required by the Secretary, and will follow instructions with regards to the form and content of those reports and will comply with the provisions that the Secretary finds necessary to verify and assure the correctness of the reports.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-420 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records for the period required by the Secretary and described in § 140-30.2-601.

Modified, 1 CMC § 3806(c), (f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The Commission inserted the final period.

§ 140-30.2-425 Availability of Agency Program Manuals

The Medicaid agency assures access to program manuals, rules and policies, including the plan in this subchapter, by individuals outside the Medicaid agency. Access is available at the agency's office and through other entities as determined appropriate by the agency.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-430 Required Provider Agreement

The Medicaid agency, through the medical referral program, maintains agreements with off-island providers furnishing services under the plan in which the provider agrees to:

(a) Keep any record necessary to disclose the extent of service the provider furnishes to patients;

(b) On request, furnish to the Medicaid agency or the Secretary, any information maintained under subsection (a) of this section and any information regarding payments claimed by the provider for furnishing services under this plan;

(c) Maintain the confidentiality of patient information for other than Medicare or program administrative purposes;

(d) Not discriminate against any individual seeking services under this plan, on the basis of race, sex, religion, color, national origin, or handicap; and

(e) Not seek additional payments from patients beyond those allowed under the plan in this subchapter.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-435 Relation with Vocational Rehabilitation Agencies and Title V Grantees

(a) The Medicaid agency coordinates its Medicaid program activities with other agency activities including title V program activities and with activities of the state vocational rehabilitation agency.

(b) Attachments 4.8-A and 4.8-A-1 are the cooperative agreements between the Medicaid agency and the vocational rehabilitation agencies.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a) and (b). The cited attachments 4.8-A and 4.8-A-1 were not published with the regulations.

§ 140-30.2-440 Payment for Services

(a) The Commonwealth Health Center on Saipan is the single, primary provider of all medical services, both inpatient and outpatient, throughout the CNMI. Established rates for

outpatient services are nominal compared to operational costs.

(b) These established rates do not exceed combined payments the provider would get from the beneficiaries and carriers or intermediaries for comparable services under comparable circumstances under Medicare. The payments made by the Medicaid agency for inpatient services will be paid using Medicare principles of cost reimbursement. The rates are applicable to all patients including those with third party coverage.

(c) When a patient has medical needs which cannot be provided for by the government system, off-island providers will be utilized. The Medicaid agency will attempt to negotiate all-inclusive per diem rates or contract rates for specific services with these providers.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a) through (c).

§ 140-30.2-445 Third Party Liability

The Medicaid agency assures, to the extent possible, the identification of a liable third party to pay for services under the plan and for payment of claims involving third parties by:

(a) Inquiring during the application/interview process about the probable existence of a liable third party;

(b) Requiring, as a condition of eligibility, that each legally able applicant and recipient assign his rights to medical support or other third party payments to the Medicaid agency and cooperate with the agency in obtaining medical support and payments;

(c) Paying claims involving probable third party liability as follows:
(1) If the agency has established the probable existence of third party liability at the time the claim is filed, the agency must reject the claim and return it to the provider for a determination on the amount of liability. When the amount of liability is determined, the agency must then pay the claim to the extent that payment allowed under the agency's payment schedule exceeds the amount of the third party's payment.
(2) If the probable existence of third party liability cannot be established or third party benefits are not available to pay the recipient's medical expenses at the time the claim is filed, the agency must pay the full amount allowed under the agency's payment schedule.
(3) If after a claim has been paid, the agency learns of the existence of a third party resource, the agency must seek reimbursement from the third party within 60 days after the end of the month it learned of the existence of a liable third party or benefits become available.
(4) The Medicaid agency establishes a cumulative threshold amount of not less than $25.00 for seeking reimbursement. It is not considered cost effective to seek reimbursement below this amount in any given month.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 500 - Personnel Administration

§ 140-30.2-501 Standards of Personnel Administration

The Civil Service Commission Act under Public Law 1-9, establishes a Personnel Service System in the executive branch of government of the Commonwealth of the Northern Mariana Islands. The comprehensive Personnel Service System's Rules and Regulations [NMIAC, title 10, subchapter 20.2] which became effective on November 25, 1983, established a system for personnel administration based on merit principles and generally accepted methods governing the classification of positions and the employment, conduct, movement and separation of public officials and employees.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 600 - Financial Administration

§ 140-30.2-601 Fiscal Policies and Accountability

The Medicaid agency maintains an accounting system and supporting fiscal records to assure that claims for federal funds are in accord with applicable federal requirements. Records are retained for 3-years from the date of submission of a final expenditure report and will be retained beyond the 3-year period only if audit findings, litigation, claim negotiations, or other actions involving the records have not been resolved. This applies to all financial and programmatic records, supporting documents, statistical records and other records related to the grant.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-605 Access to Records

The Medicaid agency assures that HHS, the Comptroller General of the U.S., and other cognizant federal agencies shall have access to books and all documents related to the HHS grant award.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The Commission corrected the spelling of "cognizant."

§ 140-30.2-610 Cost Allocation

The Medicaid agency will claim federal financial participation (FFP) for Medicaid costs in accordance with its approved cost allocation plan.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 700 - Miscellaneous Provisions

§ 140-30.2-701 Plan Amendments

(a) CNMI may, on its own initiative, request plan changes at any time, as long as the provisions of title 19 § 1902(j) and the Secretary's waiver are complied with.
(b) Changes to the operational plan in this subchapter which are not consistent with the Secretary's waiver shall be submitted to the Secretary of DHHS as a modification to the waiver, rather than as a state plan amendment.
(c) This subchapter constitutes the total plan for the operation of the Medicaid program in the Commonwealth of the Northern Mariana Islands. Any federal requirements applicable to the operation of title XIX of the Social Security Act in other jurisdictions are not applicable to the plan unless they are specifically included.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-705 Nondiscrimination

The Medicaid agency assures that no individual shall be subjected to discrimination under the plan in this subchapter on the grounds of race, color, sex, national origin, religion or handicap. Attachment 7.2-A describes methods of administration the agency uses in assuring compliance with the title VI regulations.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The cited attachment 7.2-A was not published with the regulations.

§ 140-30.2-710 Commonwealth Governor's Review

The Medicaid agency will provide the Office of the Governor with the opportunity to review amendments, any new state plan and subsequent amendments, and long-range program planning projections or other periodic reports thereon. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-715 Drug-free Workplace Certification

The Medicaid agency certifies that it will maintain a drug-free workplace as a condition for federal grant application. Attachment 7.4-A describes the methods of how it plans to provide a drug-free workplace.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The cited attachment 7.4-A was not published with the regulations.

