State/Territory Name:    Puerto Rico

State Plan Amendment (SPA) #:    20-0012

This file contains the following documents in the order listed:

1) Approval letter
2) CMS-179 form
3) Approved SPA pages
December 11, 2020

Luz E. Cruz-Romero
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Dear Ms. Cruz-Romero:

RE: SPA# 20-0012

On November 6, 2020, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico state plan amendment (SPA) PR 20-0012 to temporarily modify the income disregard categorically needy and medically needy eligibility groups in the Puerto Rico Medicaid program. We approve this SPA, with an effective date of November 15, 2020, and an expiration date of September 30, 2021. A copy of the approved State Plan pages and the signed CMS-179 form are enclosed.

As a reminder, states and territories may claim a 6.2 percentage point increase in the federal medical assistance percentage (FMAP) through the last day of the quarter in which the public health emergency (PHE) declared by the Secretary of Health and Human Services for COVID-19 terminates, provided that the state or territory meets the requirements of section 6008(b) of the Families First Coronavirus Response Act (FFCRA). As discussed with Puerto Rico, section 6008(b)(3) of FFCRA prohibits a state or territory from terminating the Medicaid enrollment of any individual who was eligible for Medicaid on March 18, 2020 or who established eligibility thereafter, prior to the end of the month in which the PHE ends.

Therefore, if the COVID-19 PHE has not yet terminated when the terms of this SPA expire on September 30, 2021, and Puerto Rico elects to continue to claim the enhanced FMAP authorized by section 6008(a) of the FFCRA, then, consistent with section 6008(b)(3) of the FFCRA, Puerto Rico will have to maintain the Medicaid enrollment of all individuals who established eligibility on the basis of the eligibility increases approved in this SPA through the end of the month in which the PHE ends.

If, because of Puerto Rico’s spending rate and financial circumstances, Puerto Rico decides to end the eligibility increases approved in this SPA earlier than September 30, 2021, Puerto Rico would need to submit an additional SPA to implement this change. Should this circumstance arise, CMS requests that the territory notify CMS of its plans as early as possible, preferably at least two calendar months.
prior to the expected end of the eligibility increases. CMS is available to respond to questions and provide any additional technical assistance needed.

Congratulation to you and your staff for your hard work and strong collaboration. If you have any question or wish to discuss this SPA further, please contact Ivelisse Salce at 212-616-2411.

Sincerely,

Division of Program Operations

cc: Nicole McKnight
   Ivelisse Salce
## TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR:** CENTER FOR MEDICARE & MEDICAID SERVICES

### 1. TRANSMITTAL NUMBER

PR-20-0012

### 2. STATE

PUERTO RICO

### 3. PROGRAM IDENTIFICATION:

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

### 4. PROPOSED EFFECTIVE DATE

NOVEMBER 15, 2020

This SPA sunsets on September 30, 2021.

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

- [ ] NEW STATE PLAN
- [ ] AMENDMENT TO CONSIDERED AS NEW PLAN
- [x] AMENDMENT

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

### 6. FEDERAL STATUTE/REGULATION CITATION

- 42 C.F.R. §436.210 and 42 C.F.R. §436.211
- Sections 1902(a)(10)(C)(i) and 1902(r)(2) of the Social Security Act, 42 C.F.R. §436.320, §436.321, §436.322, §436.601(d), and §436.811 of the Federal Regulations.

### 7. FEDERAL BUDGET IMPACT

- a. FFY 2021:
- b. FFY 2022:

* The Actuarial Certification is attached.

### 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 8-A to Attachment 2.6-A, page 1 and 2

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

Supplement 8-A to Attachment 2.6-A, page 1

### 10. SUBJECT OF AMENDMENT

Temporary Income Disregard to Allow Puerto Rico Medicaid Program to Temporary Increase the Effective Monthly Income Standard for the Optional Categorically Needy ABD Group and All Medically Needy Groups.

### 11. GOVERNOR’S REVIEW (Check One)

- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- [x] OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR’S OFFICE ENCLOSED

### 12. SIGNATURE OF STATE AGENCY OFFICIAL

Luz E. Cruz-Romero, MBA

### 14. TITLE

Executive Director

### 15. DATE SUBMITTED

November 6, 2020

### 16. RETURN TO

PUERTO RICO MEDICAID PROGRAM
PUERTO RICO DEPARTMENT OF HEALTH
PO BOX 70184
SAN JUAN PR 00936-8184

### 17. DATE RECEIVED

November 6, 2020

### 18. DATE APPROVED

December 11, 2020

### 19. EFFECTIVE DATE OF APPROVED MATERIAL

11/15/2020

### 20. SIGNATURE OF REGIONAL OFFICIAL

James G. Scott

### 21. TYPED NAME

Division of Program Operations

### 22. TITLE

### 23. REMARKS

FORM CMS-179 (07/92)

Instructions on Back
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Provision(s)</th>
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<tr>
<td>42 C.F.R. §436.320</td>
<td>For the Medically Needy Aged, Blind, and Disabled, the amount by which an individual’s Medicare Part B premium is reduced through enrollment in a Medicare Advantage Plan is disregarded from income.</td>
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<tr>
<td>42 C.F.R. §436.321</td>
<td></td>
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<tr>
<td>42 C.F.R. §436.322</td>
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Transmittal No.: PR-20-0012  
Supersedes TN No.: PR-16-0001  
Effective Date: November 15, 2020  
Approval Date: 12/11/2020  
This SPA sunsets on September 30, 2021.
Non-MAGI Eligibility Evaluation: *
Income Disregard to Allow Puerto Rico Medicaid Program to
Increase the Effective Monthly Income Standard for the
Categorically Needy Aged, Blind and Disabled (ABD) Group and All Medically Needy Groups. **
Eligibility Monthly Income for non-MAGI:
Optional Medicaid Categorically Needy ABD and Medically Needy All Groups

<table>
<thead>
<tr>
<th>Household</th>
<th>Non-MAGI Optional Categorically Needy ABD ***</th>
<th>Non-MAGI Medically Needy All Groups ****</th>
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<tbody>
<tr>
<td></td>
<td>Eligibility Monthly Income</td>
<td>Disregard</td>
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</tbody>
</table>

* The rounding off dollars rules are applied to the dollar amounts show in this column. To round, Puerto Rico drops amounts under 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, $1.39 becomes $1 and $2.50 becomes $3.

** Puerto Rico disregards from the countable earned and unearned monthly income of each individual the amount for the appropriate household size, as described in this Table.

*** Optional Categorically Needy ABD: 42 C.F.R. §§436.210 and 211

**** Medically Needy All Groups: 42 C.F.R. §§436.320, 321, 322

Transmittal No.: PR-20-0012
Supersedes TN No.: New
This SPA sunsets on September 30, 2021.

Effective Date: November 15, 2020
Approval Date: 12/11/2020