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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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE NOVEMBER 15, 2020 This SPA sunsets on September 30, 2021.	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL  Luz E. Cruz-Romero, MBA		16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184	
14. TITLE Executive Director			
15. DATE SUBMITTED November 6, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 11/06/2020		18. DATE APPROVED 12/11/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 11/15/2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME James G. Scott		22. TITLE Division of Program Operations	
23. REMARKS			

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

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT

Citation(s)	Provision(s)
42 C.F.R. §436.320	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.
42 C.F.R. §436.321	
42 C.F.R. §436.322	

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.

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

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT

<p>Non-MAGI Eligibility Evaluation: *</p> <p>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. **</p> <p>Eligibility Monthly Income for non-MAGI: Optional Medicaid Categorically Needy ABD and Medically Needy All Groups</p>						
Household	Non-MAGI Optional Categorically Needy ABD ***			Non-MAGI Medically Needy All Groups ****		
	Eligibility Monthly Income	Disregard	Effective Monthly Income	Eligibility Monthly Income	Disregard	Effective Monthly Income
Members	\$	\$	\$	\$	\$	\$
1	64	1,183	1,247	400	847	1,247
2	64	1,183	1,247	495	1,190	1,685
3	n/a	n/a	n/a	590	1,534	2,124
4	n/a	n/a	n/a	685	1,876	2,561
5	n/a	n/a	n/a	780	2,219	2,999
6	n/a	n/a	n/a	875	2,563	3,438
7	n/a	n/a	n/a	970	2,905	3,875
8	n/a	n/a	n/a	1,065	3,247	4,312
9	n/a	n/a	n/a	1,160	3,591	4,751
10	n/a	n/a	n/a	1,255	3,934	5,189
11	n/a	n/a	n/a	1,350	4,276	5,626
12	n/a	n/a	n/a	1,445	4,620	6,065
13	n/a	n/a	n/a	1,540	4,963	6,503
14	n/a	n/a	n/a	1,635	5,305	6,940
15	n/a	n/a	n/a	1,730	5,649	7,379
*	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

Effective Date: November 15, 2020

Supersedes TN No.: New

Approval Date: 12/11/2020

This SPA sunsets on September 30, 2021.