

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 20-0014**

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

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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# 20-0014

On November 27, 2020, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico state plan amendment (SPA) PR 20-0014 to modify the income disregard categorically needy and medically needy groups covered in the Puerto Rico Medicaid program. This SPA eliminates changes made by PR SPA 20-0012 and documents that the income disregard for the relevant groups will return to those in effect prior to SPA 20-0012.


We approve this SPA, with an effective date of October 1, 2021. A copy of the approved State Plan pages and the signed CMS-179 form are enclosed.

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,

  
James G. Scott, Director  
Division of Program Operations

cc: Nicole McKnight  
Ivelisse Salce

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>PR-20-0014</b>	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 <b>OCTOBER 1, 2021</b>	
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 SECTION 1902 OF THE SOCIAL SECURITY ACT 42 CFR 436.320, 436.321, and 436.322	7. FEDERAL BUDGET IMPACT a. FFY 2022      \$ 0 b. FFY 2023      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 8A to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 8A to Attachment 2.6-A, pages 1 and 2	
10. SUBJECT OF AMENDMENT <b>To reinstall the State Plan Language that was effective up to November 14, 2020, because of the SPA PR-20-0012 sunsets on September 30, 2021.</b> <b>For the Medically Needy Aged, Blind, and Disabled, disregard from the income: (a) the amount by which an individual's Medicare Part B premium is reduced through enrollment in a Medicare Advantage Plan, and (b) the difference between the medically needy income level standard for the appropriate family size and the income limits described in the chart.</b>		
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		
13. TYPE NAME 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 25, 2020		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED <b>11/25/2020</b>	18. DATE APPROVED <b>12/11/2020</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>10/01/2021</b>	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Director</b> <b>Division of Program Operations</b>	
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 CFR 436.320 42 CFR 436.321 42 CFR 436.322	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 CFR 436.320 42 CFR 436.321 42 CFR 436.322	For the Medically Needy Aged, Blind, and Disabled, Puerto Rico will disregard countable earned and unearned income equal to the difference between the medically needy income level standard for the appropriate family size*, and the income limits described in the chart displayed below.

\* As defined in Supplement 1 to Attachment 2.6-A, Page 6

Household size	Monthly Income Limit **
1	\$800
2	\$1,000
3	\$1,200
4	\$1,400
5	\$1,600
6	\$1,800
7	\$2,000
8	\$2,200
Each Additional	Additional \$200

\*\* Net income limits.