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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 13-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Superseding Document
- 5) Puerto Rico's Response to our RAI

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building
26 Federal Plaza
Room 37-100
New York, New York 10278-0063



December 24, 2014

Ricardo A. Colon Padilla, CPA
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, Puerto Rico 70184

Dear Mr. Colon Padilla:

Enclosed is an approved copy of Puerto Rico's State Plan Amendment 13-006, which was submitted to CMS on December 26, 2013. This SPA incorporates MAGI-Based Eligibility Groups – and AFDC Income Standards into Puerto Rico's state plan in accordance with the Affordable Care Act.

Please be informed this SPA was approved on December 24, 2014 with an effective date of January 1, 2014.

We are enclosing the summary page (formerly CMS 179) and the amended plan pages (S14T, S25, S28T, S30T, S33, S54).

In addition, enclosed is a summary of state plan pages which are superseded by SPA 13-006.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Patricia Ryan at 212-616-2436 or Patricia.Ryan@cms.hhs.gov.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Puerto Rico**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

PR 13-006

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 42 CFR 435

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

MAGI Compliance Eligibility Groups.

Governor's Office Review☒ Governor's office reported no comment**Comments of Governor's office received****Describe:****No reply received within 45 days of submittal****Other, as specified****Describe:****Signature of State Agency Official****Submitted By:**

Luz Cruz-Romero

Last Revision Date:

Dec 23, 2014

Submit Date:

Jun 27, 2014



Medicaid Eligibility

State Name: Puerto Rico

Transmittal Number: PR - 13 - 0006

Income Standards - Territories S14T

Indicate which type of poverty level the territory uses:

- ☐ The Federal Poverty Level (FPL)
- ☒ The Local Poverty Level (LPL)

Enter the amount of the Local Poverty Level.

	Household Size	Amount	
+	1	\$459.00	X
+	2	\$542.00	X
+	3	\$626.00	X
+	4	\$709.00	X
+	5	\$792.00	X
+	6	\$876.00	X
+	7	\$959.00	X
+	8	\$1,043.00	X
+	9	\$1,126.00	X
+	10	\$1,210.00	X
+	11	\$1,293.00	X
+	12	\$1,377.00	X
+	13	\$1,460.00	X
+	14	\$1,544.00	X
+	15	\$1,627.00	X
+	16	\$1,711.00	X
+	17	\$1,794.00	X
+	18	\$1,877.00	X

Indicate whether the amounts entered above are monthly or yearly:

TN: 13-006

Approval Date: 12/24/2014

Effective Date: 01/01/2014

PUERTO RICO

S14T



Medicaid Eligibility

☒ Monthly

☐ Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988			
Income Standard Entry - Dollar Amount			S13a
The standard is as follows:			
☒ Statewide standard			
☐ Standard varies by region			
☐ Standard varies by living arrangement			
☐ Standard varies in some other way			
Enter the statewide standard			
	Household size	Standard (\$)	
+	1	37	X
+	2	70	X
+	3	103	X
+	4	135	X
+	5	168	X
+	6	201	X
+	7	234	X
+	8	267	X
Additional incremental amount			
☒ Yes ☐ No			
Increment amount \$ 36			
The dollar amounts increase automatically each year			
☐ Yes ☒ No			



Medicaid Eligibility

Income Standard Entry - Dollar Amount Additional Incremental Option S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	32	X
+	2	64	X
+	3	96	X
+	4	128	X
+	5	160	X
+	6	192	X
+	7	224	X
+	8	256	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 32

The dollar amounts increase automatically each year

☐ Yes ☒ No

Income Standard Entry - Dollar Amount Additional Incremental Option S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way



Medicaid Eligibility

Enter the state-wide standard			
	Household size	Standard (\$)	
+	1		X

Additional incremental amount
☐ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☐ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Income Increase Option S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

AFDC Payment Standard in Effect As of July 16, 1996. The amount is increased by no more than the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Income Increase Option S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

MAFL equivalent AFDC Payment Standard in Effect As of July 16, 1996. Increased by no more than the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) since such date.



Medicaid Eligibility

Income Standard Entry - Dollar Amount - Living Arrangement Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

TANF payment standard

Income Standard Entry - Dollar Amount - Living Arrangement Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

WAGL equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Living Arrangement Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

V.20140415



Medicaid Eligibility

State Name: Puerto Rico

OMB Control Number: 0938-1148

Transmittal Number: PR - 13 - 0006

Expiration date: 10/31/2014

Eligibility Groups - Medicaid Coverage Parents and Other Caretaker Relatives S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

- ☐ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☐ Individuals qualifying under this eligibility group must meet the following criteria:

- ☐ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☐ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☐ Options relating to the definition of caretaker relative (select any that apply):

☒ Options relating to the definition of dependent child (select the one that applies):

☒ The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☐ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

☐ Have household income at or below the standard established by the state.

☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☐ Income standard used for this group

☐ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

☒ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

Attachment is submitted.



Medicaid Eligibility

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☒ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- ☒ A percentage of the federal poverty level: %
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ Other dollar amount
- ☒ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☒ The maximum income standard

- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

- ☐ Another income standard in-between the minimum and maximum standards allowed

- ☒ There is no resource test for this eligibility group.

☒ Resource Eligibility

Approval Date: 12/24/2014

Effective Date: 01/01/2014



Medicaid Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415



Medicaid Eligibility

State Name: Puerto Rico

Transmittal Number: PR - 13 - 0006

Eligibility Groups - Mandatory Coverage - Territories S28T

42 CFR 435.116

1902(a)(10)(A)(i)(III) and (IV)

1902(a)(10)(A)(ii)(I), (IV) and (IX)

1931(b) and (d)

1920

☒ Pregnant Women - Territories

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan S25 - Parents and Other Caretaker Relatives.

Yes

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ The state certifies that it has an approved MAGI conversion plan.

An attachment is submitted.

☒ Income standard chosen

Indicate the state's income standard used for this eligibility group:

☐ The minimum income standard

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (poverty level-related

☐ pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.



Medicaid Eligibility

- ☒ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.
- ☐ Another income standard higher than the minimum standard allowed.

The amount of the income standard for this eligibility group is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- ☐ TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☒ Another income standard not already specified in S14T Income Standards-Territories.
- ☒ A percentage of the poverty level: %
- ☐ A dollar amount by family size

☒ There is no resource test for this eligibility group.

☒ Benefits for individuals in this eligibility group consist of the following:

- ☒ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☐ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.



Medicaid Eligibility

☒ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

No

V.20140415



Medicaid Eligibility

State Name: Puerto Rico

Transmittal Number: PR - 13 - 0006

Eligibility Groups, Mandatory Coverage, Territories S30T

42 CFR 435.118

1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)

1902(a)(10)(A)(ii)(IV) and (IX)

1931(b) and (d)

1920A

- ☒ **Infants and Children under Age 19 - Territories** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Children qualifying under this eligibility group must meet the following criteria:

☒ Are under age 19

☒ Have household income at or below the standard established by the state.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for infants under age one

☒ Minimum income standard

The minimum income standard used for infants under age one is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ The state certifies that it has an approved MAGI conversion plan.

Attachment is submitted.

☒ Income standard chosen

The state's income standard used for infants under age one (which cannot be less than the highest effective income level for coverage of infants under age one in the state plan as of March 23, 2010) is:

☒ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

☒ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

☒ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income

☒ families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

TN: 13-006

PUERTO RICO

Approval Date: 12/24/2013, Effective Date: 01/01/2014

S30T



Medicaid Eligibility

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.
- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.
- ☐ Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for infants under age one is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- ☐ TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☒ Another income standard not already specified in S14T Income Standards-Territories.
- ☒ A percentage of the poverty level: %
- ☐ A dollar amount by family size

☒ Income standard for children age one through age five, inclusive

☒ Minimum income standard

The minimum income standard used for children age one through five is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ Income standard chosen

The state's income standard used for children age one through five (which cannot be less than the highest effective income level for coverage of children age one through five in the state plan as of March 23, 2010) is:



Medicaid Eligibility

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

- ☒ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

- ☐ Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age one through five is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- ☐ AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- ☐ TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- ☒ Another income standard not already specified in S14T Income Standards-Territories.

☒ A percentage of the poverty level: %

☐ A dollar amount by family size



Medicaid Eligibility

☒ Income standard for children age six through age eighteen, inclusive

☒ Minimum income standard

The minimum income standard used for children age six through eighteen is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

☒ Income standard chosen

The state's income standard used for children age six through eighteen (which cannot be less than the highest effective income level for coverage of children age six through eighteen in the state plan as of March 23, 2010) is:

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

☐ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

- ☒ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

- ☐ Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age six through eighteen is (if not the minimum):

- ☐ AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

- ☐ AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

- ☐ AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

- ☐ MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.



Medicaid Eligibility

☐ MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.

☒ Another income standard not already specified in S14T Income Standards-Territories.

☒ A percentage of the poverty level: %

☐ A dollar amount by family size

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

No

V.20140415



Medicaid Eligibility

State Name: Puerto Rico

OMB Control Number: 0938-1148

Transmittal Number: PR - 13 - 0006

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Former Foster Care Children

42 CFR 435.150

1902(a)(10)(A)(i)(IX)

☐ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☒ The state attests that it operates this eligibility group under the following provisions:

☐ Individuals qualifying under this eligibility group must meet the following criteria:

☐ Are under age 26.

☐ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

☐ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

☐ Yes ☒ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415



Medicaid Eligibility

State Name: Puerto Rico

OMB Control Number: 0938-1148

Transmittal Number: PR - 13 - 0006

Expiration date: 10/31/2014

Optional Targeted Low Income Children

S54

1902(a)(10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4
1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

- ☒ Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
- ☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the state plan as of March 23, 2010.

☒ Yes ☐ No

☒ Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.

☒ Individuals are covered under this eligibility group, as follows:

☒ All children under age 18 or 19 are covered:

☒ Under age 19

☐ Under age 18

☐ The reasonable classification of children covered is:

☒ Income standard used for this classification

☒ Minimum income standard

The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.

☒ Maximum income standard



Medicaid Eligibility

- The state certifies that it has submitted and received approval for its converted income standard(s) for this
- ☒ classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- ☐ The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ 200% FPL.
- ☐ A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- ☒ The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:
- % FPL
- ☒ Income standard chosen, which must exceed the minimum income standard
- Individuals qualify under the following income standard:
- ☒ The maximum income standard.
- ☐ The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective
- ☐ income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective
- ☐ income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective
- ☐ income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.



Medicaid Eligibility

- ☐ If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.

The income standard used for this eligibility group is: % FPL

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415

SUPERSEDING PAGES OF STATE PLAN MATERIAL

TRANSMITTAL NUMBER: 13-006-MM1

STATE: Puerto Rico

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S54 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Puerto Rico Comments	Partial Pages Removed	Puerto Rico Comments
Attachment 2.2-A	Page 2	TN No. 92-2 Effective Date: January 1, 1992	Page 1 for categorically needy AFDC-related groups	TN No. 92-2 Effective Date: January 1, 1992
	Page 4a	TN No. 98-001 Effective Date: January 1, 1998	Page 3, A.3 for AFDC-related groups	TN No. 92-2 Effective Date: January 1, 1992
	Page 5	TN No. 92-4 Effective Date: July 1, 1992	Page 3, A.4	TN No. 92-2 Effective Date: January 1, 1992
	Page 6a	TN No. PR 14-002-MM1 (S32) Effective Date: January 1, 2014. <u>Notes:</u> (1) The Adult Group (MAGI Form S32) was approved on May 30, 2014. (2) TN No. PR 14-002-MM1 (S32) supersedes TN No. PR-SPA-13-005-A, Effective Date: December 31, 2013. The 13-005-A is pending from CMS approval. (3) TN No. PR-SPA-13-005-A supersedes TN No.: 11-0004	Page 4, A.4.c and f	TN No. 92-2 Effective Date: January 1, 1992

State Plan Section	Complete Pages Removed	Puerto Rico Comments	Partial Pages Removed	Puerto Rico Comments
		Effective Date: July 1, 2011. (4) On August 5, 2014, CMS issued to Puerto Rico a section 1902(e)(14)(A) waiver approval regarding MAGI implementation.		
	Page 6b	TN No. PR 14-002-MM1 (S32) Effective Date: January 1, 2014. <u>Notes:</u> (1) The Adult Group (MAGI form S32) was approved on May 30, 2014. (2) On August 5, 2014, CMS issued to Puerto Rico a section 1902(e)(14)(A) waiver approval regarding MAGI implementation.	Page 7, B.1 and B.2 for AFDC-related groups	TN No. 92-4 Effective Date: July 1, 1992
	Page 6b1	TN No. PR 14-002-MM1 (S32) Effective Date: January 1, 2014. <u>Notes:</u> (1) The Adult Group (MAGI form S32) was approved on May 30, 2014. (2) On August 5, 2014, CMS issued to Puerto	Page 8 for AFDC-related groups	TN No. 92-2 Effective Date: January 1, 1992

State Plan Section	Complete Pages Removed	Puerto Rico Comments	Partial Pages Removed	Puerto Rico Comments
		Rico a section 1902(e)(14)(A) waiver approval regarding MAGI implementation.		
	Page 13	TN No. 92-2 Effective Date: January 1, 1992	Page 12, B.8	TN No. 92-2 Effective Date: January 1, 1992
	Page 14	TN No. 92-2 Effective Date: January 1, 1992	Page 16, B.10 and B.12	TN No. 92-2 Effective Date: January 1, 1992
	Page 15	TN No. 92-2 Effective Date: January 1, 1992	Page 18, B.15	TN No. 92-4 Effective Date: July 1, 1992
	Page 17	TN No. 92-4 Effective Date: July 1, 1992	Page 20, C.4	TN No. 92-4 Effective Date: July 1, 1992
	Page 23b	TN No. 98-001 Effective Date: January 1, 1998	Page 23d, B.21	TN No. 98-001 Effective Date: January 1, 1998
	Page 23c	TN No. PR-SPA-13-005-A Effective Date: December 31, 2013 Note: It is pending from CMS approval.		
	Page 23e	TN No. PR-SPA-13-005-A Effective Date: December 31, 2013 <u>Note:</u> It is pending from CMS approval.		

State Plan Section	Complete Pages Removed	Puerto Rico Comments	Partial Pages Removed	Puerto Rico Comments
Attachment 2.6-A	Page 11	TN No. 92-4 Effective Date: July 1, 1992	Page 1 for AFDC-related	TN No. 92-2 Effective Date: January 1, 1992
	Page 13	TN No. 92-4 Effective Date: July 1, 1992	Page 5, A.8 and A.9	TN No. 92-2 Effective Date: January 1, 1992
	Page 13a	TN No. 92-4 Effective Date: July 1, 1992	Page 8, C.1.b(i)	TN No. 93-5 Effective Date: July 1, 1993
	Page 13b	TN No. 92-4 Effective Date: July 1, 1992	Page 12, C.2.c(2)	TN No. 92-4 Effective Date: July 1, 1992
			Page 13c, C.2.e(2)	TN No. 92-4 Effective Date: July 1, 1992
			Page 18, C.6.b	TN No. 92-2 Effective Date: January 1, 1992
			Page 19, C.6.c	TN No. 92-2 Effective Date: January 1, 1992
			Page 23, C.11.a(iii)	TN No. 92-4 Effective Date: July 1, 1992

State Plan Section	Complete Pages Removed	Puerto Rico Comments	Partial Pages Removed	Puerto Rico Comments
Supplement 1 to Attachment 2.6-A	Pages 2 and 3	<u>Page 2</u> TN No. 92-2 Effective Date: January 1, 1992 <u>Page 3</u> TN No. 92-4 Effective Date: July 1, 1992		
Supplement 2 to Attachment 2.6-A	Page 5	TN No. PR-SPA-92-5 Effective Date: July 1, 1992		
Supplement 3 to Attachment 2.6-A	Pages 1-3	<u>Pages 1-2</u> TN No. 92-2 Effective Date: January 1, 1992 <u>Page 3</u> TN No. 92-4 Effective Date: July 1, 1992	Page 3a, #4	TN No. 92-4 Effective Date: July 1, 1992
Supplement 8a to Attachment 2.6-A	Page 2 (from TN 13-005)	It should be TN 13-005-A		
Supplement 12 to Attachment 2.6-A	Page 1 (from TN 13-005)	It should be TN 13-005-A		



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November 25, 2014

By e-mail to: SPA_Waivers_NewYork_RO2@cms.hhs.gov

Michael Meléndez
Associate Regional Administrator
Division of Medicaid and Children's Health
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-11037-100
New York, NY 10278

Dear Mr. Meléndez:

**Puerto Rico SPA 13-006
Response to CMS' RAI**

On behalf of the Commonwealth of Puerto Rico Department of Health, the Medicaid Program submits for the consideration of the Centers for Medicare & Medicaid Services its official response to the Request for Additional Information (RAI) dated March 25, 2014 regarding the State Plan Amendment (SPA) 13-006 dated December 26, 2013.

Puerto Rico has been working with CMS Central and Regional Office on our MAGI mitigation strategy and the CMS review and approval of that strategy, as well as the MAGI Medicaid and CHIP SPAs. Over the course of these discussions, Puerto Rico has revised the intent of the SPAs 13-005 and 13-006. The original versions of SPA 13-005 and SPA 13-006 had significantly different intent.

The current intent is to use SPA 13-005 to set a net income poverty level for Puerto Rico at the expanded levels currently in practice (as of January 1, 2014), and set the income thresholds of those levels as a percentage of the PRPL. The SPA 13-005 was resubmitted on October 27, 2014 with our response to the RAI for that SPA.

The SPA 13-006 was submitted originally on pre-MAGI template pages. This SPA 13-006 is now being resubmitted as the MAGI conversion of the levels set in 13-005, as calculated by the CMS team. Puerto Rico is not using the MAGI methodology or levels yet.

Therefore some of the questions and comments in the original RAI are no longer applicable because they reference aspects of the original SPA which have become moot.

1. Intent of the SPA

a. CMS request:

PR proposed to amend Attachment 2.2-A page 23e to increase the PRPL poverty levels (PRPL) by family size from the current MNIL. CMS need to understand whether these are gross limits that may be applied to MAGI/gross income in or whether these are net income limits that will need to be converted to MAGI equivalents for when the territory implements MAGI. If these are net income limits, a subsequent SPA will need to be submitted to amend Attachment 2.2-A page 23e with the MAGI-equivalent PRPLs.

Puerto Rico response:

- We are resubmitting this SPA using MAGI templates, and MAGI-converted income thresholds.
- The PRPL has been set using the income threshold calculated from the June 4th CMS conversion, which took into account the current PR medical disregard and the January 1, 2014 expansion.

b. CMS request:

PR proposed to use 266% of the PRPL as the income limit for M-CHIP optional targeted low-income children under age 19, 133% of the PRPL for the medically needy, and 500% of the PRPL for 1931 mandatory parents/CRs and for optional reasonable classifications of children <21 under 42 CFR 436.222. These limits will establish the maximum possible income limits for these groups. Are these net limits that will need to be converted to be MAGI equivalents, or are these gross limits that may also be used for MAGI? If the PRPL itself is converted to MAGI-equivalent dollar amounts by HH size, these percentages of the PRPL might not also need to be changed. PR needs use the official CHIP submission process in order for the CHIP SPA pages to be considered an official submission. CMS will consider the CHIP SPA pages to be a draft submission and work with PR to develop a CHIP SPA to enact the proposed changes to the PR CHIP state plan.

Puerto Rico response:

- We are resubmitting this SPA using MAGI templates and MAGI-converted income thresholds.
 - ✓ MAGI form S14T Income Standards - Territories
The Medicaid Program sets the amount of the Puerto Rico Local Poverty Level (PRPL or LPL) by household size.
 - ✓ MAGI form S25: Parents and Other Caretaker Relatives
The income standard to be used for this group is set on 133% of the PRPL, as indicated on MAGI form S14T.
 - ✓ MAGI form S28T: Pregnant Women - Territories

The income standard to be used for this group is set on 133% of the PRPL, as indicated on MAGI form S14T.

- ✓ MAGI form S30T: Infants and Children under Age 19 - Territories

The income standard to be used for this group is set on 133% of the PRPL, as indicated on MAGI form S14T.

- ✓ MAGI form S54: Optional Target Low Income Children

The income standard to be used for this group is set on 266% of the PRPL, as indicated on MAGI form S14T.

- We will continue to work with CMS to obtain approval of the aligning CHIP SPAs.

c. CMS request:

For optional reasonable classifications of children <21 under 42 CFR 436.222, PR proposed to reduce the income limit to 266% of the PRPL, for 1931 to reduce the income limit to 133% of the PRPL, and for mandatory qualified pregnant women to increase the income limit to 133% of the PRPL. Are these net income limits that will need to be converted to MAGI equivalents? If the PRPL itself is converted to MAGI-equivalent dollar amounts by HH size, these percentages of the PRPL might not also need to be changed.

Puerto Rico response:

- See our response as stated in the first bullet of the section 1.b.
- We are not including the MAGI reasonable classification of children page in this SPA because we believe this group has been totally subsumed by the new adult group. For that reason, Puerto Rico is withdrawing the MAGI form S52 - Reasonable Classification of Individuals under Age 21.

d. CMS request:

PR does not mention is in the income limits for mandatory children <19. Does the PR intend to cover children <19 who exceed the current income limit of the MNIL (proposed as 133% of the PRPL in SPA 13-005) to 266% of the PRPL either as M-CHIP optional targeted low-income children if they are uninsured or as optional reasonable classifications of children if they are insured, along with all children aged 19 and 20?

Puerto Rico response:

- We intend to cover all children < 19 to 266% of the PRPL. The 19 and 20 year olds children will be covered to 133% of PRPL in the new adult group.
- As part of this SPA, we are resubmitting the MAGI form S30T and S54, and MAGI-converted income thresholds.

e. CMS request:

Does the PR intend to cover pregnant women to 133% of the PRPL (the same as for 1931 parents/CRs and the medically needy), rather than to 266% of the PRPL like infants and other children <19?

Puerto Rico response:

- Yes. And, as part of this SPA, we are resubmitting the MAGI form S28T and S14T.

2. CMS 179

a. CMS request:

For Supplement 8a to Attachment 2.6-A page 2, this is amending the page from 13-005, and so isn't a new page. Besides reducing the income limit for optional reasonable classifications of children from 500% to 266% of the PRPL, this page should also include from 13-005 the disregard to 266% of the PRPL for optional targeted low-income children and the disregard to 133% of the PRPL for Mandatory Qualified Pregnant Women.

Puerto Rico response:

- Since the original SPA is no longer applicable, we believe that this request becomes moot. Puerto Rico is resubmitting this SPA using MAGI templates.

b. CMS request:

For Supplement 12 to Attachment 2.6-A page 1, this is amending the page from 13-005 (to reduce the income limit from 500% to 133% of the PRPL), and so isn't a new page.

Puerto Rico response:

- Since the original SPA is no longer applicable, we believe that this request becomes moot. Puerto Rico is resubmitting this SPA using MAGI templates.

3. Technical Issues

a. CMS requests:

PR SPA 13-006 proposes to supersede PR SPA 13-005. Since PR SPA 13-005 has not been approved, PR SPA 13-005 cannot be process at this time.

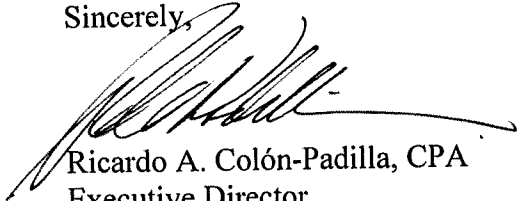
Puerto Rico response:

- Puerto Rico understands this, and we have resubmitted SPA 13-005 with responses to CMS RAI.

• Mr. Michael Meléndez
PR SPA 13-006
November 25, 2014
page 5

Thanks for all technical and guidance support.

Sincerely,



Ricardo A. Colón-Padilla, CPA
Executive Director
Medicaid Program
P.R Department of Health
Commonwealth of Puerto Rico

Attachments:

1. MAGI form S14T Income Standards - Territories
2. MAGI form S25: Parents and Other Caretaker Relatives
3. MAGI form S28T: Pregnant Women - Territories
4. MAGI form S30T: Infants and Children under Age 19 - Territories
5. MAGI form S33: Former Foster Care Children
6. MAGI form S54: Optional Target Low Income Children

- c. Ricardo Holligan, New York Regional Office
Patricia Ryan, New York Regional Office
Maritza Bodon, Baltimore Central Office