

Table of Contents

State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 14-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

July 10, 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:

We have completed our review of the submission of Puerto Rico State Plan Amendment (SPA) 14-003 which was received in our office on June 5, 2014 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan. This SPA proposes state to make hospice services available to children eligible for Medicaid without forgoing any other service to which the child is entitled under Medicaid for treatment of the terminal condition. These services and supports may include pain and symptom management and family counseling provided by specially trained hospice staff.

Please note that the approval date of this SPA is July 10, 2014 with and effective date of April 1, 2014. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.

If you have any questions, or wish to discuss this further, please contact Ivelisse Salce of my staff at (212) 616-2411

Sincerely,

/s/

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

Cc: Melissa Musotto, Division of Benefits & Coverage

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 4 0 0 3	2. STATE Puerto Rico
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) ☐ NEW STATE PLAN ☐ AMENDMENT TO CONSIDERED AS NEW PLAN ☒ AMENDMENT		4. PROPOSED EFFECTIVE DATE April 1, 2014	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1905 (o)(1) and 2110 (a)(23) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 0 b. FFY 2014 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT Attachment 3.1A, Page 7 Attachment 3.1B, Page 7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1 A, Page 7 Attachment 3.1 B, Page 7 (TN# 03-001-A)	
10. SUBJECT OF AMENDMENT Hospice Care for Children in Medicaid			
11. GOVERNOR'S REVIEW (Check One) ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL <i>/s/</i>		16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184	
13. TYPE NAME Ricardo A. Colón Padilla			
14. TITLE Executive Director			
15. DATE SUBMITTED June 5, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED JULY 10, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL APRIL 01, 2014		20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>	
21. TYPED NAME MICHAEL MELENDEZ		21. TITLE ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID AND CHILDREN'S HEALTH	
23. REMARKS			

STATE/TERRITORY: PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☐ Provided ☐ No limitation ☐ With limitations* ☒ Not Provided

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☐ Provided ☐ No limitation ☐ With limitations* ☒ Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided ☒ No limitation ☐ With limitations* ☐ Not Provided
(Based on Medical Necessity under Law 408)

17. Nurse-midwife services

☐ Provided ☐ No limitation ☐ With limitations* ☒ Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

☐ Provided ☐ No limitation ☒ Not Provided

☒ Provided ☐ With limitations*

In accordance with section 2302 of the
Affordable Care Act

*Description provided on attachment.

TN No.: 14-003 Approval Date: JUL 10 2014 Effective Date: April 1, 2014
Supersedes: 03-001-A

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