

Table of Contents

State/Territory Name: **Puerto Rico**

State Plan Amendment (SPA) #: **21-0011**

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

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

March 23, 2022

Edna Y. Marin Ramos
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 21-0011

Dear Ms. Marin:

The Centers for Medicare and Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TA) 21-0011. This amendment proposes to temporarily modify the Puerto Rico Local Poverty Level.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations of the Social Security Act, Section 1902(e) (14); 42 CFR 435.603. This letter is to inform you that Puerto Rico Medicaid SPA 21-0011 was approved on March 18, 2022, with an effective date of October 1, 2021.

In order to document the Puerto Rico Local Poverty Level that will be in effect on October 1, 2022, following the expiration of this SPA, we ask that Puerto Rico submit a SPA with the desired Local Poverty Levels to CMS at the territory's earliest convenience, and no later than October 1, 2022.

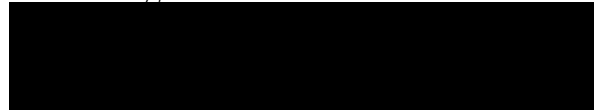
As a reminder, states and territories may claim a 6.2 percentage point increase in the federal medical assistance percentage (FMAP) through the last day of the quarter in which the public health emergency (PHE) declared by the Secretary of Health and Human Services for COVID-19 terminates, provided that 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, 2022, 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, 2022, 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.

If you have any questions, please contact Ivelisse Salce at 212-616-2411 or via email at Ivelisse.Salce@cms.hss.gov.

Sincerely,

A large black rectangular redaction box covering the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Nicole McKnight
Ivelisse Salce

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>1</u> <u>1</u>	2. STATE <u>PR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2021

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act, Sec. 1902(e)(14); 42 CFR 435; 42 CFR 435.603

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 309,431,000
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
MAGI Form S14T PDF Income Standard - Territories

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
MAGI Form S14T PDF Income Standard - Territories

9. SUBJECT OF AMENDMENT

PRMP is modifying the LPL to increase the effective monthly income standard for MAGI-based eligibility groups until 9/30/2022.

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Edna Y. Marin Ramos

13. TITLE
Program Director

14. DATE SUBMITTED
December 21, 2021

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

FOR CMS USE ONLY

16. DATE RECEIVED
12/21/2021

17. DATE APPROVED
03/18/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2021

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Medicaid Eligibility

State Name: Puerto Rico

Transmittal Number: PR - 21 - 0011

Income Standards - Territories

S14T

[illegible]

TN: 21-0011
Puerto Rico

Approval Date: 03/18/2022

Effective Date: 10/01/2021

****This SPA page sunsets at the end of September 30, 2022****



Medicaid Eligibility



The Local Poverty Level (LPL)

Enter the amount of the Local Poverty Level.

Household Size	Amount	
+ 1	\$912.00	X
+ 2	\$1,234.00	X
+ 3	\$1,556.00	X
+ 4	\$1,877.00	X
+ 5	\$2,199.00	X
+ 6	\$2,520.00	X
+ 7	\$2,842.00	X
+ 8	\$3,163.00	X
+ 9	\$3,485.00	X
+ 10	\$3,807.00	X
+ 11	\$4,128.00	X
+ 12	\$4,450.00	X
+ 13	\$4,771.00	X
+ 14	\$5,093.00	X
+ 15	\$5,415.00	X
+ 16	\$5,736.00	X
+ 17	\$6,058.00	X
+ 18	\$6,379.00	X

Indicate whether the amounts entered above are monthly or yearly:



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 - Automatic 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

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

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic 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

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

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic 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



Medicaid Eligibility

The dollar amounts increase automatically each year

☐ Yes ☐ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic 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, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic 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

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

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement



Medicaid Eligibility

☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic 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

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic 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

V.20160722

Amend the MAGI Form S14T PDF to Modify the Local Poverty Level (LPL), which would Allow Puerto Rico Medicaid Program to Increase the Effective Monthly Income Standard for All MAGI-Based Eligibility Groups

Monthly Eligibility Income for MAGI: Medicaid and M-CHIP

HH	FPL 2021 Annual	PRPL Monthly		MAGI	MAGI Medicaid		MAGI M-CHIP	
Household Members		FPL X 85% = x/12 = Monthly	PRPL = 85% FPL	5% PRPL	133% PRPL	133% PRPL + 5%	266% PRPL	266% PRPL + 5%
HH	\$	\$	\$	\$	\$	\$	\$	\$
1	12,880	912.33	912	46	1,213	1,259	2,426	2,472
2	17,420	1,233.92	1,234	62	1,641	1,703	3,282	3,344
3	21,960	1,555.50	1,556	78	2,069	2,147	4,139	4,217
4	26,500	1,877.08	1,877	94	2,496	2,590	4,993	5,087
5	31,040	2,198.67	2,199	110	2,925	3,035	5,849	5,959
6	35,580	2,520.25	2,520	126	3,352	3,478	6,703	6,829
7	40,120	2,841.83	2,842	142	3,780	3,922	7,560	7,702
8	44,660	3,163.42	3,163	158	4,207	4,365	8,414	8,572
9	49,200	3,485.00	3,485	174	4,635	4,809	9,270	9,444
10	53,740	3,806.58	3,807	190	5,063	5,253	10,127	10,317
11	58,280	4,128.17	4,128	206	5,490	5,696	10,980	11,186
12	62,820	4,449.75	4,450	223	5,919	6,142	11,837	12,060
13	67,360	4,771.33	4,771	239	6,345	6,584	12,691	12,930
14	71,900	5,092.92	5,093	255	6,774	7,029	13,547	13,802
15	76,440	5,414.50	5,415	271	7,202	7,473	14,404	14,675
16	80,980	5,736.08	5,736	287	7,629	7,916	15,258	15,545
17	85,520	6,057.67	6,058	303	8,057	8,360	16,114	16,417
18	90,060	6,379.25	6,379	319	8,484	8,803	16,968	17,287

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

**This SPA page sunsets at the end of September 30, 2022.