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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 21-0012

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) Approved SPA pages
- 3) CMS-179 form

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 25, 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

Dear Ms. Marin:

Re: Puerto Rico State Plan Amendment (SPA) 21-0012

Dear Ms. Marin:

The Centers for Medicare and Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TA) 21-0012. This amendment proposes temporarily income Disregard to allow Puerto Rico Medicaid Program to temperately increase the effective monthly income standard for the Optional Categorically Needy ABD Group and all Medically Needy Groups.

We conducted our review of your submittal according to statutory requirements at 42 CFR 436.10 and 42 CFR 436.211 Sections 1902(a) (10)(C)(i) and 1902 (r) (2) of the Social Security Act, 42 CFR 436.320, 436.321, 436.322, 436.601(d), and 436.811 of the Federal Regulations. This letter is to inform you that Puerto Rico Medicaid SPA 21-0012 was approved on March 18, 2022, with an effective date of October 1, 2021.

In order to document the remaining income disregards in the Puerto Rico Medicaid program 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 income disregards 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.hhs.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

2 1 - 0 0 1 2

2. STATE

PR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

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

§1902(a)(10)(C)i) and §1902(r)(2) of the Social Security Act; 42 CFR

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

Supplement 8A to Attachment 2.6-A, Page 1
Supplement 8A to Attachment 2.6-A, Page 1a
Supplement 8A to Attachment 2.6-A, Page 1b
Supplement 8A to Attachment 2.6-A, Page 1c
Supplement 8A to Attachment 2.6-A, Page 1d

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 1 to Attachment 2.6-A, Page 1
Supplement 8A to Attachment 2.6-A, Page 1

9. 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.

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

12/21/2021

15. RETURN TO

PUERTO RICO MEDICAID PROGRAM
PUERTO RICO DEPARTMENT OF HEALTH
PO BOX 70184
SAN JUAN PR 00926-8184

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 OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Territory: Puerto Rico

INCOME ELIGIBILITY LEVELS

A. CATEGORICALLY NEEDY

Payment Standards for O A A, AB APTD and AFDC

| Family Size | Payment |
|-----------------------|---------|
| 1 | \$64 |
| 2 | \$64 |
| 3 | \$96 |
| 4 | \$128 |
| 5 | \$160 |
| 7 to 12 add. on \$32. | \$192 |
| 13 add on \$24 | |

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 42 C.F.R. §436.321 42 C.F.R. §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. For all non-MAGI eligibility groups, PRMP disregards from income any otherwise-countable benefits received through the Value-Based Insurance Design (VBID) Model overseen by the Center for Medicare & Medicaid Innovation of the Centers for Medicare & Medicaid Services. |

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

| Non-Modified Adjusted Gross Income (MAGI) Eligibility Evaluation: * | | | | | | |
|--|---|-----------|-----------------------------|---|-----------|-----------------------------|
| 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. ** | | | | | | |
| Eligibility Monthly Income for non-MAGI: | | | | | | |
| Optional Medicaid Categorically Needy ABD and Medically Needy All Groups | | | | | | |
| 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 | 1,195 | 1,259 | 400 | 859 | 1,259 |
| 2 | 64 | 1,639 | 1,703 | 495 | 1,208 | 1,703 |
| 3 | N/A | N/A | N/A | 590 | 1,557 | 2,147 |
| 4 | N/A | N/A | N/A | 685 | 1,905 | 2,590 |
| 5 | N/A | N/A | N/A | 780 | 2,255 | 3,035 |
| 6 | N/A | N/A | N/A | 875 | 2,603 | 3,478 |
| 7 | N/A | N/A | N/A | 970 | 2,952 | 3,922 |
| 8 | N/A | N/A | N/A | 1,065 | 3,300 | 4,365 |
| 9 | N/A | N/A | N/A | 1,160 | 3,649 | 4,809 |
| 10 | N/A | N/A | N/A | 1,255 | 3,998 | 5,253 |
| 11 | N/A | N/A | N/A | 1,350 | 4,346 | 5,696 |
| 12 | N/A | N/A | N/A | 1,445 | 4,697 | 6,142 |
| 13 | N/A | N/A | N/A | 1,540 | 5,044 | 6,584 |
| 14 | N/A | N/A | N/A | 1,635 | 5,394 | 7,029 |
| 15 | N/A | N/A | N/A | 1,730 | 5,743 | 7,473 |
| 16 | N/A | N/A | N/A | 1,825 | 6,091 | 7,916 |
| 17 | N/A | N/A | N/A | 1,920 | 6,440 | 8,360 |
| 18 | N/A | N/A | N/A | 2,015 | 6,788 | 8,803 |
| * | 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 | | | | | |

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

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

| Citation(s) | Provision(s) |
|-----------------------|--|
| | For medically needy aged, blind and disabled individuals Puerto Rico will disregard the difference between \$10,000 and the medically needy resource standard. |
| 1902(r)(2) of the Act | For all non-MAGI eligibility groups, PRMP will disregard from resources any otherwise-countable benefits received through the Value-Based Insurance Design (VBID) Model overseen by the Center for Medicare & Medicaid Innovation of the Centers for Medicare & Medicaid Services. |