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State/Territory Name: **Puerto Rico**

State Plan Amendment (SPA) #: **23-0001**

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

PR Submission Package PR2023MS00010 (PR 23 0001) Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and Children Health Insurance Program (CHIP)
26 Federal Plaza
Room 37-100
New York NY 10 7



Center for Medicaid & CHIP Services

May 4 0

Dinorah Collazo Ortiz
Executive Director
Puerto Rico Medicaid Program
PO Box 70184
San Juan, PR 00936-8184

Re Approval of State Plan Amendment PR 0001

Dear Dinorah Collazo Ortiz

On March 09, 2023, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-23-0001, in which Puerto Rico proposed to verify its AFDC income standards and local poverty level for the Puerto Rico Medicaid Program.

We approve Puerto Rico State Plan Amendment (SPA) PR-23-0001 with an effective date(s) of January 01, 2023.

I have enclosed a copy of the approved State Plan pages and the signed CMS-179 form for incorporation into the Puerto Rico State Plan.

If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov

Sincerely

Director Division of Program Operations
Center for Medicaid & CHIP Services

PR Submission Package PR2023MS0001O (PR 23 0001) Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	/9/ 02
Approval Date	5/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name	Puerto Rico	Medicaid Agency Name	Puerto Rico Medicaid Program
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID PR2023MS0001O
Submission Type Official
Approval Date 5/24/2023
Superseded SPA ID N/A

SPA ID PR-23-0001
Initial Submission Date /9/ 02
Effective Date N/A

SPA ID and Effective Date

PA ID PR 0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Income Standards - AFDC-related - Territories	1/1/2023	PR-22-0004
Income Standards - Poverty Level - Territories	1/1/2023	PR-22-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
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Approval Date	5/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment is establishing the AFDC income standards and the local poverty level for the Puerto Rico Medicaid Program.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	02	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

Social Security Act, Sec. 1902(e)(14); 42 CFR 435; 42 CFR 435.603

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	5/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Delegated to the State Medicaid Director.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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PR Submission Package PR2023MS0001O (PR 23 0001) Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR 23 0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	/ / 0	Effective Date	1/1/ 02
Superseded SPA ID	PR-22-0004		
	User-Entered		

A. MAGI equivalent AFDC Payment Standard in Effect As of May 1, 1988

Statewide standard

The statewide standard is

Household size	Standard
1	\$37.00
2	\$70.00
	\$10 00
4	\$135.00
5	\$168.00
6	\$201.00
7	\$234.00
	\$ 67 00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$36.00

The dollar amounts increase automatically each year

Yes No

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

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B. AFDC Payment Standard in Effect As of July 16, 1996

tatewide standard

The statewide standard is:

Household size	tandard
1	\$32.00
2	\$64.00
3	\$96.00
4	\$128.00
	\$160 00
6	\$192.00
7	\$224.00
	\$ 6 00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$32.00

The dollar amounts increase automatically each year

Yes No

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

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User Entered

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

Statewide standard

The statewide standard is:

Household size	Standard
1	\$N/A

The state uses an additional incremental amount for larger household sizes.

Yes No

The dollar amounts increase automatically each year

Yes No

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

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D. AFDC Need Standard in Effect As of July 16, 1996

Income Standards - AFDC-related - Territories

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E. 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 Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

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F. 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 Standards - AFDC-related - Territories

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G. TANF payment standard

Income Standards - AFDC-related - Territories

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H. MAGI-equivalent TANF payment standard

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

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I. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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PR Submission Package PR2023MS0001O (PR 23 0001) Eligibility

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Medicaid State Plan Eligibility

Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR 23 0001

CMS-10434 OMB 0938-1188

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A. Territory Poverty Level

The poverty level used by the territory is:

- 1. The Federal Poverty Level (FPL)
- The Local Poverty Level (LPL)

Household Size	Amount
1	\$96 00
2	\$1297.00
3	\$1631.00
4	\$1966 00
5	\$2300.00
6	\$2634.00
7	\$2969.00
8	\$3303.00
9	\$ 6 7 00
10	\$3972.00
11	\$4306.00
12	\$4640.00
13	\$4975.00
14	\$ 09 00
15	\$5643.00
16	\$5978.00
17	\$6312.00
18	\$6646.00

b The amounts above are related to the following time period

- Monthly

Yearly

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

Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

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B. Additional Information (optional)

Puerto Rico Medicaid uses a Local Poverty Level which is aligned to 85% of the Federal Poverty Level (adjusted annually and published by the federal office of management and budget applicable to the household size). The income limit for MAGI Medicaid is 133% (+5% disregard) of the Puerto Rico Local Poverty Level. The income limit for MAGI M-CHIP is 266% (+5% disregard) of the Puerto Rico Local Poverty Level

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