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**State/Territory Name:** **Puerto Rico**

**State Plan Amendment (SPA) #:** **24-0004**

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 - PR2024MS0005O - (PR-24-0004) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children  
26 Federal Plaza, Room 18-741  
New Yoirk, NY 10278



## Center for Medicaid & CHIP Services

September 13, 2024

Dinorah Collazo-Ortiz  
Executive Director  
Puerto Rico Medicaid Program  
PO Box 70184  
San Juan, PR  
Guaynabo, PR 00971

Re: Approval of State Plan Amendment PR-24-0004

Dear Dinorah Collazo-Ortiz,

On June 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-24-0004, in which Puerto Rico proposed to confirm its extension of eligibility to certain individuals who are deemed to be receiving AFDC.

We approve Puerto Rico State Plan Amendment (SPA) PR-24-0004 with an effective date(s) of May 29, 2024.

With the approval of SPA PR-24-0004, Puerto Rico has fully addressed the companion letter CMS sent on June 6, 2023, regarding mandatory extended Medicaid for specific individuals who experience a new or increased collection of spousal support under Title IV-D of the Social Security Act.

If you have any questions regarding this amendment, please contact Ivelisse Salce at [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov)

Sincerely,  
James G. Scott  
Director Division of Program Operation  
Center for Medicaid & CHIP Services

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0005O | PR-24-0004

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	PR2024MS0005O	<b>SPA ID</b>	PR-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/27/2024
<b>Approval Date</b>	09/13/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Puerto Rico

**Medicaid Agency Name:** Puerto Rico Medicaid Program

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0005O | PR-24-0004

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<b>Approval Date</b>	09/13/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** PR-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	5/29/2024	PR-23-0002
Extended Medicaid due to Spousal Support Collections	5/29/2024	PR-92-2

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0005O | PR-24-0004

## Package Header

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<b>Approval Date</b>	09/13/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** To extend eligibility for a period of 4 months for individuals who received Medicaid under the Parents and Other Caretaker Relatives group that have an increase in spousal support from a court order finalized on or before December 31, 2018, and for their dependent children who were eligible under the Infants and Children under Age 19 group.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

### Federal Statute / Regulation Citation

Statute: 408(a)(11)(B), 1931(c)(1)  
Regulations: 42 CFR 435.115, 42 CFR 435.4  
42 CFR 436.114 (f)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0005O | PR-24-0004

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### Governor's Office Review

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

**Describe** Designated to 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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## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0005O | PR-24-0004

CMS-10434 OMB 0938-1188










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<b>Superseded SPA ID</b>	PR-23-0002		
	User-Entered		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19 - Territories		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women - Territories		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS00050 | PR-24-0004

## Package Header

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	User-Entered		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group - Territories		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Extended Medicaid due to Spousal Support Collections

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0005O | PR-24-0004

Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the mandatory extended Medicaid due to spousal support collections group in accordance with the following provisions:

#### A. Characteristics

- Parents or other caretaker relatives qualifying under this eligibility group must meet the following criteria:
  - The individual must have lost eligibility under the parents and other caretaker relatives eligibility group (42 CFR 435.110) because the household's income exceeds the income standard due to increased collection of spousal support under Title IV-D of the Act.
  - The individual was covered under the parents and other caretaker relatives eligibility group (42 CFR 435.110) for at least three months out of the six months immediately preceding the month that eligibility was lost.
- Dependent children qualify under this group if and when they lose eligibility for the infants and children under age 19 eligibility group (42 CFR 435.118) during their parents or caretaker relative's extended period of eligibility under this group.

#### B. Period of Extension

The extended eligibility period is four months.

# Extended Medicaid due to Spousal Support Collections

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0005O | PR-24-0004

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## C. Additional Information (optional)

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