

Table of Contents

State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

August 20, 2025

Luz E. Cruz Romero
Medicaid Director
Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 25-0002

Dear Director Cruz:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) 25-0002. This State Plan Amendment (SPA) was submitted to update section 7.2 Nondiscrimination and 7.4 State Governor's review pages.

We conducted our review of your submission in accordance with the statutory requirements outlined in Title XIX of the Social Security Act and its implementing regulations. This letter informs you that Puerto Rico's Medicaid SPA TN 25-0002 was approved on August 20, 2025, effective July 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Puerto Rico State Plan.

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

Sincerely,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight, Acting Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;">2 5 — 0 0 0 2</div>	2. STATE <div style="text-align: center;">Puerto Rico</div>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) <div style="text-align: center;">TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</div>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">July 1, 2025</div>	
5. TYPE OF PLAN MATERIAL (Check One) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 430.12(b) 42 CFR 435.901		7. FEDERAL BUDGET IMPACT a. FFY 2024 \$ 0 b. FFY 2025 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.2 p. 87 Section 7.4 p. 89		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 7.2 p. 87 Section 7.4 p. 89	
Updates to nondiscrimination page, and State Governor's review pages in Section 7 of the State Plan			
11. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED Designated to the State Medicaid Director </div> </div>			
13. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; width: 250px; height: 50px; margin-top: 10px;"></div> Luz E. Cruz Romero		16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00935-8184	
14. TITLE Executive Medicaid Director			
15. DATE SUBMITTED July 24, 2025			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED July 24, 2025		18. DATE APPROVED August 20, 2025	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025		20. SIGNATURE OF REGIONAL OFFICIAL <div style="background-color: black; width: 250px; height: 30px; margin-top: 10px;"></div>	
21. TYPED NAME Nicole McKnight		22. TITLE Acting Director, Division of Program Operations	
23. REMARKS			

State/Territory: Puerto Rico

Citation

45 CFR Parts

80 and 84

7.2 Nondiscrimination

In accordance with the United States Constitution, the Social Security Act, title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, section 1557 of the Affordable Care Act, and all other relevant provisions of Federal and Territory laws and their respective implementing regulations, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, sex, age, or disability.

The Medicaid agency has administration methods to ensure that each program or activity for which it receives Federal financial assistance will be operated in accordance with Title VI regulations. These methods for Title VI are described in ATTACHMENT 7.2-A.

TN No.: 25-0002

Supersedes TN No.: 92-2

Effective Date: July 1, 2025

Approval Date: August 20, 2025

State/Territory: Puerto Rico

Citation

42 CFR 430.12(b)

7.4 State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

☐ Not applicable. The Governor –

☐ Does not wish to review plan material

☐ Wishes to review only the plan materials specified in the enclosed document

I hereby certify that I am authorized to submit this plan on behalf of the Department of Health
(Designated Single State Agency)

7-24-25

Date


(Signature)

Luz E. Cruz Romero

Interim Executive Medicaid Director
(Title)

TN No. 25-0002

Supersedes TN No. 92-2

Effective Date: July 1, 2025

Approval Date: August 20, 2025