Table of Contents

State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 26-0004

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

September 4, 2026

Carlos A. Santiago Rosario
Medicaid Director
Puerto Rico Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) - 26-0004

Dear Director Santiago:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0004. This amendment removes language from certain pages of Section 5 of the State Plan, as the language previously found on these pages is included in the Single State Agency Assurances Reviewable Unit under Section 1 of the Medicaid State Plan approved under PR-20-0003 and updated under PR-26-0005.

We reviewed your submittal in accordance with the statutory requirements of Title XIX of the Social Security Act, section 1902(a)(4), and its implementing regulations at 42 CFR Part 432. This letter confirms that Puerto Rico's Medicaid SPA TN 26-0004 was approved on September 4, 2026, with an effective date of July 1, 2026. This SPA is approved in conjunction with PR-26-0005.

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.

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Sincerely,

[redacted]

Megan K. Buck
Director, Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0004

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act, section 1902(a)(4), 42 CFR Part

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 5 Table of Contents
Section 5.1, Page 80
Section 5.3, Page 82

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Section 5 Table of Contents
Section 5.1, Page 80
Section 5.3, Page 82

9. SUBJECT OF AMENDMENT
This SPA removes language from certain pages of Section 5 of the state plan, as the language previously found on these pages is included in the Single State Agency Assurances Reviewable Unit under Section 1 of the Medicaid State Plan approved under PR-20-0003 and will be updated under PR-26-0005.

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 [redacted]FICIAL

12. TYPED NAME
Lcdo. Carlos A. Santiago Rosario

13. TITLE
Executive Director, Puerto Rico Medicaid Program

14. DATE SUBMITTED
June 10, 2026

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
June 10, 2026

17. DATE APPROVED
September 4, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIA[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

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

22. REMARKS

State: Puerto Rico

Section 5 – PERSONNEL ADMINISTRATION

PAGE NUMBER

State/Territory: Puerto Rico

Citation	5.1 PERSONNEL ADMINISTRATION
42 CFR 432.10	
	Removed – The assurances from Section 5.1 are now located in Section 1 (Medicaid State Plan Administration) of the State Plan.

State/Territory: Puerto Rico

Citation	5.3 Training Programs; Subprofessional and Volunteer Programs
42 CFR Part 432, Subpart B	

Removed – The assurances from Section 5.3 are now located in Section 1 (Medicaid State Plan Administration) of the State Plan.