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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 26-0005

This file contains the following documents in the order listed:

PR - Submission Package - PR2026MS0002O - (PR-26-0005) - Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MS 64106

Center for Medicaid & CHIP Services

September 04, 2026

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

Re: Approval of State Plan Amendment PR-26-0005

Dear Carlos A. Santiago Rosario,

On July 31, 2026, the Centers for Medicare & Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-26-0005 to update superseded SPA ID numbers and to correspond with SPA 26-0004, which removes language from certain pages in Section 5 because this language is included in the Single State Agency Assurances Reviewable Unit under Section 1.

We approve Puerto Rico State Plan Amendment (SPA) PR-26-0005 with an effective date(s) of July 01, 2026.

If you have any questions regarding this amendment, please contact Ivelisse Salce at 212-616-2411 or ivelisse.salce@cms.hhs.gov.

Sincerely,

Mandy L Strom

Acting Deputy, Division Of Program Operations

Center for Medicaid & CHIP Services

PR - Submission Package - PR2026MS0002O - (PR-26-0005) - Administration

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PR2026MS0002O | PR-26-0005

CMS-10434 OMB 0938-1188

Package Header

Package ID PR2026MS0002O
SPA ID PR-26-0005
Submission Type Official
Initial Submission Date 7/31/2026
Approval Date 09/04/2026
Effective Date N/A
Superseded SPA ID N/A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 | Administration | PR2026MS0002O | PR-26-0005

Package Header

Package ID PR2026MS0002O
SPA ID PR-26-0005
Submission Type Official
Initial Submission Date 7/31/2026
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Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID PR-26-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Single State Agency Assurances	7/1/2026	20-0003, 77-6, and 78-1

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PR2026MS0002O | PR-26-0005

Package Header

Package ID PR2026MS0002O
SPA ID PR-26-0005
Submission Type Official
Initial Submission Date 7/31/2026
Approval Date 09/04/2026
Effective Date N/A
Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives This SPA is being submitted to correspond with SPA 26-0004 which vacates pages in Section 5 that are now included in Section 1 and add documentation that the pages are superseded.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	$0
Second	2027	$0

Federal Statute / Regulation Citation

42 C.F.R. Section 431

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PR2026MS0002O | PR-26-0005

Package Header

Package ID PR2026MS0002O

SPA ID PR-26-0005

Submission Type Official

Initial Submission Date 7/31/2026

Approval Date 09/04/2026

Effective Date N/A

Superseded SPA ID N/A

Governor's Office Review

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

Describe Designated to 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 - PR2026MS0002O - (PR-26-0005) - Administration

Medicaid State Plan Administration

Organization

Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration | PR2026MS0002O | PR-26-0005

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2026MS0002O	**SPA ID**	PR-26-0005
Submission Type	Official	**Initial Submission Date**	7/31/2026
Approval Date	09/04/2026	**Effective Date**	7/1/2026
Superseded SPA ID	20-0003, 77-6, and 78-1		
	User-Entered		

A. Assurances

- [x] 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- [x] 2. All requirements of 42 CFR 431.10 are met.
- [x] 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- [x] 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- [x] 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- [x] 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. 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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