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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 26-0006

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Page

PR - Submission Package - PR2026MS0003O - (PR-26-0006) - Eligibility

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

Center for Medicaid & CHIP Services

October 27, 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-26-0006

Dear Carlos A. Santiago Rosario,

On August 06, 2026, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-26-0006, in which Puerto Rico proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve Puerto Rico State Plan Amendment (SPA) PR-26-0006 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,

Megan K. Buck

Director,Division of Program Operations

Center for Medicaid & CHIP Services

PR - Submission Package - PR2026MS0003O - (PR-26-0006) - Eligibility

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2026MS0003O | PR-26-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID PR2026MS0003O
SPA ID PR-26-0006
Submission Type Official
Initial Submission Date 8/6/2026
Approval Date 10/27/2026
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Superseded SPA ID N/A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 | Eligibility | PR2026MS0003O | PR-26-0006

Package Header

Package ID PR2026MS0003O
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SPA ID and Effective Date

SPA ID PR-26-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	7/1/2026	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2026MS0003O | PR-26-0006

Package Header

Package ID	PR2026MS0003O	**SPA ID**	PR-26-0006
Submission Type	Official	**Initial Submission Date**	8/6/2026
Approval Date	10/27/2026	**Effective Date**	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA is being submitted to extend eligibility for pregnant women for up to 12 months post-partum.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	$113585
Second	2027	$454341

Federal Statute / Regulation Citation

SSA 1902(e)(16)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created

No items available

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2026MS0003O | PR-26-0006

Package Header

Package ID	PR2026MS0003O	**SPA ID**	PR-26-0006
Submission Type	Official	**Initial Submission Date**	8/6/2026
Approval Date	10/27/2026	**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 - PR2026MS0003O - (PR-26-0006) - Eligibility

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | PR2026MS0003O | PR-26-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2026MS0003O	**SPA ID**	PR-26-0006
Submission Type	Official	**Initial Submission Date**	8/6/2026
Approval Date	10/27/2026	**Effective Date**	7/1/2026
Superseded SPA ID	New User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.

- (•) Yes
- ( ) No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

    a. The individual requests voluntary termination of eligibility;

    b. The individual ceases to be a resident of the state;

    c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or

    d. The individual dies.

C. 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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