

Table of Contents

State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

September 25, 2015

Ricardo A. Colon Padilla, CPA
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, Puerto Rico 70184

Dear Mr. Colon:


We have completed our review of the submission of Puerto Rico State Plan Amendment (SPA) 15-0003 which was received in our office on July 21, 2015 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan in accordance with the Affordable Care Act. This SPA affirms State residency regulations and addresses interstate agreements and temporary absence. This SPA was approved on September 25, 2015 with an effective date of July 1, 2015.

Enclosed is a copy of the new state plan pages to be incorporated into the Puerto Rico State Plan.

- S88, pages S88-1 and S88-2

CMS appreciates the significant amount of work your staff dedicated to this state plan amendment. If you have any questions concerning this SPA, please contact Ivelisse M. Salce at (212) 616-2411 or Ivelisse.Salce@cms.hhs.gov.

Sincerely,



Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health
Enclosure

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Puerto Rico

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

PR-15-0003

Proposed Effective Date

07/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 436.403 and 42 CFR 435.403

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$0.00
Second Year	2016	\$0.00

Subject of Amendment

State Residency

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Luz Cruz-Romero
 Last Revision Date: Aug 17, 2015
 Submit Date: Jul 21, 2015



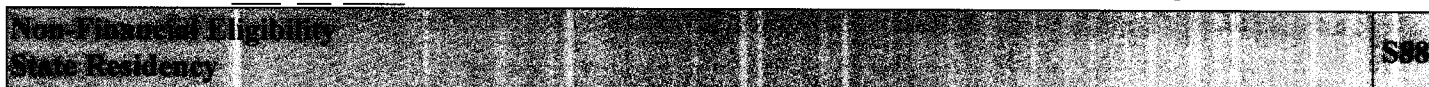
Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PR - 15 - 0003

Expiration date: 10/31/2014



42 CFR 435.403

State Residency

- The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - Intends to reside in the state, including without a fixed address, or
 - Entered the state with a job commitment or seeking employment, whether or not currently employed.
- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
 - Residing in the state, with or without a fixed address, or
 - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
 - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- IV-E eligible children living in the state, or
- Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

Yes No

The state has a policy related to individuals in the state only to attend school.

Yes No

Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Yes No

Provide a description of the definition:

Temporary absences occur when a beneficiary leave Puerto Rico for specific purposes with time-limited goals. The Puerto Rico Medicaid Program does not deny or terminate a Puerto Rico resident's Medicaid eligibility because of that person's temporary absence from Puerto Rico if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined that the person is a resident there for purposes of Medicaid. Therefore, if the individual is receiving Medicaid benefits from another state, he or she is no longer considered a resident of Puerto Rico, and Puerto Rico Medicaid Program benefits should be terminated.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

V.20140415