Table of Contents

State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 16-0003

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

July 8, 2016

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) 16-0003 which was received in our office on July 7, 2016 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan. This SPA specifies the dental benefits provided by Puerto Rico Medicaid Program to children under 21 years and beneficiaries over 21 years old.

Please note that the approval date of this SPA is July 8, 2016 with and effective date of July 1, 2016. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.

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, LMSW Associate Regional Administrator Division of Medicaid and Children's Health Operations Enclosure

DEPARTMENT OF HEALTH AND HUMAN		FORM APPROVED OMB No. 0938-0193
SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		OIVID 140, 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER PR-16-0003	2. STATE Puerto Rico
FOR: CENTER FOR MEDICARE & MEDICAID	3. PROGRAM IDENTIFICATION:	
SERVICES (CMS)	Title XIX of the Social Security A	Act (SSA) (Medicaid)
TO: REGIONAL ADMINISTRATOR Centers for Medicare & Medicaid Services (CMS) Department ff Health and Human Services (HHS)	4. PROPOSED EFECTIVE DATE July 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One)		
NEW STATE PLAN AMENDMENT TO	O CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS A	N AMENDMENT (Separate transmitta	I for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
Section 1905 (a)(10) and (r)(3) of the SSA	a. FFY <u>2016 (1 quarter)</u>	\$_0
42 CFR §440. 100 and 42 CFR §441.56	a. FFY 2017	\$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Description for Attachment 3.1-A, pages 8 and 8a	Description for Attachment 3.1-A, page 8	
Description for Attachment 3.1-B, pages 8 and 8a	Description for Attachment 3.1	
10. SUBJECT OF AMENDMENT		· · · · · · · · · · · · · · · · · · ·
To Amend Dental Services to Specify the Covered E for Beneficiaries Age 21 and Over	lenefits for Children Under 21 Years	of Age and
 11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMM COMMENTS OF GOVERNOR'S OFFICE ENCLO NO REPLY RECEIVED WITHIN 45 DAYS OF S 	DSED	R, AS SPECIFIED
12. SIGNATURE OF STAPE AGENCY OFFICIAL	16. RETURN TO	
	PUERTO RICO MEDICAID PROGRAM	
	PUERTO RICO DEPARTMENT OF HEALTH	
13. TYPE NAME	PO BOX 70184	
RIĆARDO A. COLÓN-PADILLA, CPA	SAN JUAN PR 00936-8184	
14. TITLE EXECUTIVE DIRECTOR		
15. DATE SUBMITTED	1	
July 7, 2016		
FOR REGIONA	AL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED JULY 08, 2016	
	– ONE COPY ATTACHED	k
19. EFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL	OFFICIAL
JULY 01, 2016		
21. TYPED NAME MICHAEL MELENDEZ	22. TITLE ASSOCIATE REGIONAL DIVISION OF MEDICALO AND CHI	E ADMINISTRATOR LDREN'S HEALTH OPERATION
23. REMARKS		
FORM CMS-179 (07/92)	Instructions on Back	ζ

Description for Attachment 3.1-A Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE / TERRITORY: <u>COMMONWEALTH OF PUERTO RICO</u>

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services are provided according to and within to the State Plan coverage and complaint with 42 CFR 440.90, including preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients: (a) services furnished at the clinic by or under the direction of a physician or dentist and (b) services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. These clinics include Department of Health Clinics, Preven Clinics, Urgent Care Clinics, and Physician operated clinics.

10. Dental Services

- a. Dental Services for Children Under 21 Years of Age
 - All preventive and corrective dental services are covered for children under age 21 (0-20) as indicated under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit requirement.
 - Orthodontic services to EPSDT eligible children as medically necessary to prevent and restore oral structures to health and function are covered. Orthodontic services for cosmetic purposes are not covered.
 - Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21) and stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy.
 - Anesthesia services (subject to prior authorization) for a child with physical or mental handicaps in compliance with federal and local laws. Those special conditions includes, but not limited to, the followings: (a) autism, (b) severe retardation, (c) severe neurologic impairment, (d) significant attention deficit disorders with hyperactivity, (e) significant or severe mental disorders, (f) disable or unable to follow commands, and (g) any other condition that at the dentist professional judgment, impaired the required patient cooperation and feasibility to adequately perform the dental procedure.
 - All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

Transmittal No.: <u>PR-16-0003</u>	Effective Date: July 1, 2016	
Supersedes TN No.: <u>15-0001</u>	Approval Date:JULY 08, 2016	

Description for Attachment 3.1-A Page 8a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

10. Dental Services

- b. Dental Services for Members Age 21 and Over When It is Medically Necessary
 - Preventive dental services 0
 - **Restorative dental services** .
 - One (1) comprehensive oral examination per year
 - One (1) Periodic oral examination every six (6) months •
 - One (1) defined problem-limited oral exam •
 - One (1) full series of intra-oral radiographies, including bitewings, every three (3) • years
 - One (1) initial periapical intra-oral radiography •
 - Up to five (5) additional periapical/intra-oral radiographies per year •
 - One (1) single film-bitewing radiography per year •
 - One (1) two-film bitewings radiography per year .
 - One (1) panoramic radiography every three (3) years ۲
 - One (1) cleanse every six (6) months •
 - One (1) Prophylaxis, every six (6) months •
 - Amalgam restoration •
 - **Resin restorations** .
 - Root canal •
 - Palliative treatment
 - Oral surgery •
 - Anesthesia services (subject to prior authorization) for beneficiaries with physical or mental handicaps in compliance with local law
 - All limitations may be exceeded based on medical necessity and approved through • a prior authorization or exception process.

Transmittal No.: PR-16-0003

Effective Date: July 1, 2016

Supersedes TN No.: NEW

Approval Date:

JULY 08, 2016

Description for Attachment 3.1-B Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE / TERRITORY: <u>COMMONWEALTH OF PUERTO RICO</u>

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

11. Clinic services are provided according to and within to the State Plan coverage and complaint with 42 CFR 440.90, including preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients: (a) services furnished at the clinic by or under the direction of a physician or dentist and (b) services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. These clinics include Department of Health Clinics, Preven Clinics, Urgent Care Clinics, and Physician operated clinics.

12. Dental Services

- a. Dental Services for Children Under 21 Years of Age
 - All preventive and corrective dental services are covered for children under age 21 (0-20) as indicated under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit requirement.
 - Orthodontic services to EPSDT eligible children as medically necessary to prevent and restore oral structures to health and function are covered. Orthodontic services for cosmetic purposes are not covered.
 - Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21) and stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy.
 - Anesthesia services (subject to prior authorization) for a child with physical or mental handicaps in compliance with federal and local laws. Those special conditions includes, but not limited to, the followings: (a) autism, (b) severe retardation, (c) severe neurologic impairment, (d) significant attention deficit disorders with hyperactivity, (e) significant or severe mental disorders, (f) disable or unable to follow commands, and (g) any other condition that at the dentist professional judgment, impaired the required patient cooperation and feasibility to adequately perform the dental procedure.
 - All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

Transmittal No.: PR-16-0003	Effective Date: July 1, 2016	
Supersedes TN No.: <u>15-0001</u>	Approval Date:	JULY 08, 2016

Description for Attachment 3.1-A Page 8a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE / TERRITORY: <u>COMMONWEALTH OF PUERTO RICO</u>

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

10. Dental Services

- b. Dental Services for Members Age 21 and Over When It is Medically Necessary:
 - Preventive dental services
 - Restorative dental services
 - One (1) comprehensive oral examination per year
 - One (1) Periodic oral examination every six (6) months
 - One (1) defined problem-limited oral exam
 - One (1) full series of intra-oral radiographies, including bitewings, every three (3) years
 - One (1) initial periapical intra-oral radiography
 - Up to five (5) additional periapical/intra-oral radiographies per year
 - One (1) single film-bitewing radiography per year
 - One (1) two-film bitewings radiography per year
 - One (1) panoramic radiography every three (3) years
 - One (1) cleanse every six (6) months
 - One (1) Prophylaxis, every six (6) months
 - Amalgam restoration
 - Resin restorations
 - Root canal
 - Palliative treatment
 - Oral surgery
 - Anesthesia services (subject to prior authorization) for beneficiaries with physical or mental handicaps in compliance with local law
 - All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

Transmittal No.: PR-16-0003Effective Date: July 1, 2016WH V 00.0

Supersedes TN No.: NEW

Approval Date: _____JULY 08, 2016