

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 21-0012**

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) Approved SPA pages
- 3) CMS-179 form

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 25, 2022

Edna Y. Marin Ramos  
Medicaid Director  
Puerto Rico Medicaid Program  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, PR 00936-8184

Dear Ms. Marin:

Re: Puerto Rico State Plan Amendment (SPA) 21-0012

Dear Ms. Marin:

The Centers for Medicare and Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TA) 21-0012. This amendment proposes temporarily income Disregard to allow Puerto Rico Medicaid Program to temperately increase the effective monthly income standard for the Optional Categorically Needy ABD Group and all Medically Needy Groups.

We conducted our review of your submittal according to statutory requirements at 42 CFR 436.10 and 42 CFR 436.211 Sections 1902(a) (10)(C)(i) and 1902 (r) (2) of the Social Security Act, 42 CFR 436.320, 436.321, 436.322, 436.601(d), and 436.811 of the Federal Regulations. This letter is to inform you that Puerto Rico Medicaid SPA 21-0012 was approved on March 18, 2022, with an effective date of October 1, 2021.

In order to document the remaining income disregards in the Puerto Rico Medicaid program that will be in effect on October 1, 2022, following the expiration of this SPA, we ask that Puerto Rico submit a SPA with the desired income disregards to CMS at the territory's earliest convenience, and no later than October 1, 2022.

As a reminder, states and territories may claim a 6.2 percentage point increase in the federal medical assistance percentage (FMAP) through the last day of the quarter in which the public health emergency (PHE) declared by the Secretary of Health and Human Services for COVID-19 terminates, provided that the state or territory meets the requirements of section 6008(b) of the Families First Coronavirus Response Act (FFCRA). As discussed with Puerto Rico, section 6008(b)(3) of FFCRA prohibits a state or territory from terminating the Medicaid enrollment of any individual who was eligible for Medicaid on March 18, 2020 or who established eligibility thereafter, prior to the end of the month in which the PHE ends.

Therefore, if the COVID-19 PHE has not yet terminated when the terms of this SPA expire on September 30, 2022, and Puerto Rico elects to continue to claim the enhanced FMAP authorized by section 6008(a) of the FFCRA, then, consistent with section 6008(b)(3) of the FFCRA, Puerto Rico will have to maintain the Medicaid enrollment of all individuals who established eligibility on the basis of the eligibility increases approved in this SPA through the end of the month in which the PHE ends.

If, because of Puerto Rico's spending rate and financial circumstances, Puerto Rico decides to end the eligibility increases approved in this SPA earlier than September 30, 2022, Puerto Rico would need to submit an additional SPA to implement this change. Should this circumstance arise, CMS requests that the territory notify CMS of its plans as early as possible, preferably at least two calendar months prior to the expected end of the eligibility increases. CMS is available to respond to questions and provide any additional technical assistance needed.

If you have any questions, please contact Ivelisse Salce at 212-616-2411 or via email at [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Nicole McKnight  
Ivelisse Salce

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 1 2</u>	2. STATE <u>PR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**October 1, 2021**

5. FEDERAL STATUTE/REGULATION CITATION  
§1902(a)(10)(C)i and §1902(r)(2) of the Social Security Act; 42 CFR

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 309,431,000  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement 8A to Attachment 2.6-A, Page 1  
Supplement 8A to Attachment 2.6-A, Page 1a  
Supplement 8A to Attachment 2.6-A, Page 1b  
Supplement 8A to Attachment 2.6-A, Page 1c  
Supplement 8A to Attachment 2.6-A, Page 1d

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement 1 to Attachment 2.6-A, Page 1  
Supplement 8A to Attachment 2.6-A, Page 1

9. SUBJECT OF AMENDMENT  
  
Temporary Income Disregard to allow Puerto Rico Medicaid Program to temporary increase the effective monthly income standard for the Optional Categorically Needy ABD Group and all Medically Needy Groups.

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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Edna Y. Marin Ramos

13. TITLE  
Program Director

14. DATE SUBMITTED  
12/21/2021

15. RETURN TO  
PUERTO RICO MEDICAID PROGRAM  
PUERTO RICO DEPARTMENT OF HEALTH  
PO BOX 70184  
SAN JUAN PR 00926-8184

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**12/21/2021**

17. DATE APPROVED  
**03/18/2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**10/01/2021**

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

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

22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**Territory: Puerto Rico**

**INCOME ELIGIBILITY LEVELS**

**A. CATEGORICALLY NEEDY**

Payment Standards for O A A, AB APTD and AFDC

Family Size	Payment
1	\$64
2	\$64
3	\$96
4	\$128
5	\$160
7 to 12 add. on \$32.	\$192
13 add on \$24	

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

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**LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT**

Citation(s)	Provision(s)
42 C.F.R. §436.320 42 C.F.R. §436.321 42 C.F.R. §436.322	For the Medically Needy Aged, Blind, and Disabled, the amount by which an individual's Medicare Part B premium is reduced through enrollment in a Medicare Advantage Plan is disregarded from income.  For all non-MAGI eligibility groups, PRMP disregards from income any otherwise-countable benefits received through the Value-Based Insurance Design (VBID) Model overseen by the Center for Medicare & Medicaid Innovation of the Centers for Medicare & Medicaid Services.

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

**LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT**

Non-Modified Adjusted Gross Income (MAGI) Eligibility Evaluation: *						
Income Disregard to Allow Puerto Rico Medicaid Program to Increase the Effective Monthly Income Standard for the Categorically Needy Aged, Blind and Disabled (ABD) Group and All Medically Needy Groups. **						
Eligibility Monthly Income for non-MAGI:						
Optional Medicaid Categorically Needy ABD and Medically Needy All Groups						
Household	Non-MAGI Optional Categorically Needy ABD ***			Non-MAGI Medically Needy All Groups ****		
	Eligibility Monthly Income	Disregard	Effective Monthly Income	Eligibility Monthly Income	Disregard	Effective Monthly Income
Members	\$	\$	\$	\$	\$	\$
1	64	1,195	1,259	400	859	1,259
2	64	1,639	1,703	495	1,208	1,703
3	N/A	N/A	N/A	590	1,557	2,147
4	N/A	N/A	N/A	685	1,905	2,590
5	N/A	N/A	N/A	780	2,255	3,035
6	N/A	N/A	N/A	875	2,603	3,478
7	N/A	N/A	N/A	970	2,952	3,922
8	N/A	N/A	N/A	1,065	3,300	4,365
9	N/A	N/A	N/A	1,160	3,649	4,809
10	N/A	N/A	N/A	1,255	3,998	5,253
11	N/A	N/A	N/A	1,350	4,346	5,696
12	N/A	N/A	N/A	1,445	4,697	6,142
13	N/A	N/A	N/A	1,540	5,044	6,584
14	N/A	N/A	N/A	1,635	5,394	7,029
15	N/A	N/A	N/A	1,730	5,743	7,473
16	N/A	N/A	N/A	1,825	6,091	7,916
17	N/A	N/A	N/A	1,920	6,440	8,360
18	N/A	N/A	N/A	2,015	6,788	8,803
*	The rounding off dollars rules are applied to the dollar amounts show in this column. To round, Puerto Rico drops amounts under 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.					
**	Puerto Rico disregards from the countable earned and unearned monthly income of each individual the amount for the appropriate household size, as described in this Table.					
***	Optional Categorically Needy ABD: 42 C.F.R. §§436.210 and 211					
****	Medically Needy All Groups: 42 C.F.R. §§436.320, 321, 322					

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

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LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r)(2) OF THE ACT

Citation(s)	Provision(s)
	For medically needy aged, blind and disabled individuals Puerto Rico will disregard the difference between \$10,000 and the medically needy resource standard.
1902(r)(2) of the Act	For all non-MAGI eligibility groups, PRMP will disregard from resources any otherwise-countable benefits received through the Value-Based Insurance Design (VBID) Model overseen by the Center for Medicare & Medicaid Innovation of the Centers for Medicare & Medicaid Services.