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**State/Territory Name:** **Puerto Rico**

**State Plan Amendment (SPA) #:** **24-0005**

This file contains the following documents in the order listed:

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

# PR - Submission Package - PR2024MS0001O - (PR-24-0005) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division Of Medicaid and Children Operation  
26 Federal Plaza  
Room 18-741  
New York City, NY 10278



## Center for Medicaid & CHIP Services

September 20, 2024

Dinorah Collazo-Ortiz  
Executive Director  
Puerto Rico Medicaid Program  
PO Box 70184  
San Juan, PR  
Guaynabo, PR 00971

Re: Approval of State Plan Amendment PR-24-0005

Dear Dinorah Collazo-Ortiz,

On June 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-24-0005, in which Puerto Rico proposed to confirm in the MACPro system its coverage for various optional eligibility groups.

We approve Puerto Rico State Plan Amendment (SPA) PR-24-0005 with an effective date(s) of May 29, 2024.

The pages approved for inclusion in Puerto Rico's state plan are attached. CMS appreciates the significant work that your staff dedicated to preparing this SPA.

If you have any questions regarding this amendment, please contact Ivelisse Salce at [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director Division of Program Operations  
Center for Medicaid & CHIP Services

# PR - Submission Package - PR2024MS0001O - (PR-24-0005) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	PR2024MS0001O	<b>SPA ID</b>	PR-24-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/27/2024
<b>Approval Date</b>	09/20/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

<b>State/Territory Name:</b>	Puerto Rico	<b>Medicaid Agency Name:</b>	Puerto Rico Medicaid Program
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### Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

<b>Package ID</b>	PR2024MS0001O	<b>SPA ID</b>	PR-24-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/27/2024
<b>Approval Date</b>	09/20/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** PR-24-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	5/29/2024	PR-24-0006
Optional Targeted Low Income Children	5/29/2024	PR 13-006
Individuals Eligible for but Not Receiving Cash Assistance	5/29/2024	92-4 and 92-2
Individuals Eligible for Cash Except for Institutionalization	5/29/2024	92-4
Age and Disability-Related Poverty Level	5/29/2024	PR 92-2

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

Attachment 2.2 A, pages 12-13  
Attachment 2.6 A, page 10

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

Package ID	PR2024MS0001O	SPA ID	PR-24-0005
Submission Type	Official	Initial Submission Date	6/27/2024
Approval Date	09/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** Converting optional targeted low-income children, individuals eligible for but not receiving cash assistance, individuals eligible for cash except for institutionalization to MACPro.  
Electing coverage for aged and disability-related poverty level to align with operations.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

### Federal Statute / Regulation Citation

1902(a)(10)(ii), (a)(10)(C), (a)(10)(F), (e)(2), 1902(e)(3)  
1902(a)(10)(A)(ii)(XIV), 1905(u)(2)(B)  
1902(a)(10)(A)(ii)(I), (v), 1905(a)  
1902(a)(10)(A)(ii)(IV), 1905(a)  
1902(a)(10)(A)(ii)(X), (m)(1)  
CFR 435B,C 436B,C l'm435.229, 435.210, 435.230, 435.211

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

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Superseded SPA ID	N/A		

## Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

**Describe** Designated to State 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 - PR2024MS0001O - (PR-24-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

CMS-10434 OMB 0938-1188

### Package Header

Package ID	PR2024MS0001O	SPA ID	PR-24-0005
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Superseded SPA ID	PR-24-0006		
User-Entered			

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes   ☐ No












The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

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User-Entered			

## B. Medically Needy Options for Coverage





The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:





### 1. Mandatory Medically Needy:

#### Families and Adults


Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women			<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18			<input type="checkbox"/>	<input type="radio"/>	APPROVED

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21			<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives			<input type="checkbox"/>	<input type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability			<input type="checkbox"/>	<input type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

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## C. Additional Information (optional)

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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# PR - Submission Package - PR2024MS0001O - (PR-24-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

Uninsured children who meet the definition of optional targeted low income children at 42 C.F.R. §435.4, who have household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

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Superseded SPA ID	PR 13-006		
	System-Derived		

The state covers the optional targeted low income children group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 19, or a lower age, as specified in C.
- Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
- Have household income at or below the standard established by the state, if the state has an income standard.
- Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

#### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

#### C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

- ☒ Yes
- ☐ No

The age of children covered under this eligibility group is:

- ☒ a. Under age 19
- ☐ b. Under age 18
- ☐ c. Under other age

#### D. Income Standard Used

The income standard for this eligibility group is: **FPL** 266.00%

# Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

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	System-Derived		

## E. Basis for Income Standard

### 1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

### 2. Maximum income standard

☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☐ i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☒ iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ ix. 200% FPL
- ☐ x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

FPL 266.00%

# Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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## F. Additional Information (optional)

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# PR - Submission Package - PR2024MS0001O - (PR-24-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	92-4 and 92-2		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:
- ☒ a. OAA

☒ b. AFDC

☒ c. AB

☒ d. APTD

☒ e. AABD
2. Do not receive cash assistance under these programs.

# Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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	User-Entered		

## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

# Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

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## C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:
- ☐ a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
  - ☐ b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.
- ☐ Between the following percentages of the FPL:
  - ☐ Between the medically needy income limit and a percentage of the FPL:
  - ☐ Between the SSI Federal Benefit Rate and:
  - ☒ Between other income standards:

Between this standard: ABD Income Limit (AFDC Standard)  
and this standard: 138% of the FPL

- ☒ Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
TANF and PAN	Temporary Assistance for Needy Families and PAN= Nutrition Assistance Program (NAP, or PAN for its Spanish acronym)

- ☒ Income is disregarded when used for payments made by the household:
- ☒ Specified payments made by the household:

Name of payment:	Description:
Alimony; Child Support; and/or Student Loan Interest Paid.	Applicable only to court ordered alimony and or/court ordered child support and interest paid on student loan payments.

- ☒ A specified type of income is disregarded:



Name of income type:	Description:
Alimony and Child Support received	Applicable only to court-ordered alimony received on divorces and separations finalized after January 1, 2019. Includes court-ordered child support.

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes  
☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

**Description of disregard:** Disregard the full value of income producing boats.  
Disregard livestock.  
Disregard machinery and property used to generate income.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Disregard	Disregard up to \$1,500.00 per household member for burial.

☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☒ A motor vehicle is disregarded under specific conditions.

☒ Specified conditions:

**Description:** Disregard the first two motor vehicles per household.

☒ Household goods and services are disregarded as a resource.

**Description of disregard:** Disregard the value of household goods and services.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Second property	Disregard the value of the second property up to \$10,000.00.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Resources disregard	Disregard countable resources between the resource standard of the most closely related cash assistance program and the medically needy resource standard described in the "Medically Needy Resource Level" reviewable unit.

# Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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## D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

## E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

# Individuals Eligible for but Not Receiving Cash Assistance

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	User-Entered		

## F. 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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# PR - Submission Package - PR2024MS0001O - (PR-24-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Approval Date</b>	09/20/2024	<b>Effective Date</b>	5/29/2024
<b>Superseded SPA ID</b>	92-4		
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The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:

☒ a. OAA

☒ b. AFDC

☒ c. AB

☒ d. APTD

☒ e. AABD

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

## Package Header

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## C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- ☐ a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.

☐ Between the following percentages of the FPL:

☐ Between the medically needy income limit and a percentage of the FPL:

☐ Between the SSI Federal Benefit Rate and:

☒ Between other income standards:

Between this standard: ABD Income Limit (AFDC Standard)  
and this standard: 138% of the FPL

☒ Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
TANF and PAN	Temporary Assistance for Needy Families and PAN= Nutrition Assistance Program (NAP, or PAN for its Spanish acronym)

- ☒ Income is disregarded when used for payments made by the household:

☒ Specified payments made by the household:

Name of payment:	Description:
Alimony; Child Support; and/or Student Loan Interest Paid.	Applicable only to court ordered alimony and or/court ordered child support and interest paid on student loan payments.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Alimony and Child Support received	Applicable only to court-ordered alimony received on divorces and separations finalized after January 1, 2019. Includes court-ordered child support.

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes  
☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

**Description of disregard:** Disregard the full value of income producing boats.  
Disregard livestock.  
Disregard machinery and property used to generate income.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Disregard	Disregard up to \$1,500.00 per household member for burial.

☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☒ A motor vehicle is disregarded under specific conditions.

☒ Specified conditions:

**Description:** Disregard the first two motor vehicles per household.

☒ Household goods and services are disregarded as a resource.

**Description of disregard:** Disregard the value of household goods and services.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Second property	Disregard the value of the second property up to \$10,000.00.

☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Resources disregard	Disregard countable resources between the resource standard of the most closely related cash assistance program and the medically needy resource standard described in the "Medically Needy Resource Level" reviewable unit.



# Individuals Eligible for Cash Except for Institutionalization

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## Package Header

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## D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

## E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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F. Additional Information (optional)

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# PR - Submission Package - PR2024MS0001O - (PR-24-0005) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- Meet at least one of the following condition(s):
  - Are age 65 or older; or
  - Have a disability.
- Have income and resources at or below the standard for this group.

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- ☒ Yes
- ☐ No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

a. The state uses the same less restrictive income methodologies for all individuals covered.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ The difference between one income standard and another is disregarded.

- ☒ Between the following percent ages of the FPL:
- FPL

5.10%
- and
- FPL

138.00%
- ☐ Between the medically needy income limit and a percent age of the FPL:
- ☐ Between the SSI Federal Benefit Rate and:
- ☐ Between other income standar ds:

☒ Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
TANF and PAN	Temporary assistance for needy families and Nutrition assistance program.

- ☒ Income is disregarded when used for payments made by the household:
- ☒ Specified payments made by the household:

Name of payment:	Description:
Alimony; Child support; and or student loan interest paid	Applicable only to court-order alimony received on divorces and separations finalized after January 1, 2019, and court-ordered child support. Includes interest paid on student loan payments.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Alimony and child support received	Applicable only to court-order alimony received on divorces and separations finalized after January 1, 2019, and court-ordered child support.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes  
☐ No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

- ☒ Yes  
☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

**Description of disregard:** Disregard the full value of income-producing boats. Disregard livestock. Disregard machinery and property used to generate income.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Disregard	Disregard up to \$1500 per household member for burial

☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☒ A motor vehicle is disregarded under specific conditions.

☒ Specified conditions:

**Description:** Disregard the first two motor vehicles per household. Disregard income-producing vehicles.

☒ Household goods and services are disregarded as a resource.

**Description of disregard:** Disregard the value of household goods and services.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Second (non-homestead) Property	Disregard the value of a second (non-homestead) property up to \$10,000.



# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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## D. Income Standard Used

The income standard for this eligibility group is:

- ☐ 1. 100% FPL
- ☒ 2. A lower percent of the FPL:
- 5.10% FPL

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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## E. Resource Standard Used

The resource standard used is:

- ☐ 1. The resource limit for the SSI program; or
- ☒ 2. The resource limit used in the state's medically needy program, if higher.

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0001O | PR-24-0005

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## F. Additional Information (optional)

The income standard for this eligibility group is the percentage of FPL (adjusted annually) that equals \$64. In 2024, this percentage was 5.1% of the FPL.

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