

---

## **Table of Contents**

**State/Territory Name:** **PUERTO RICO**

**State Plan Amendment (SPA) #:** **13-003**

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

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



January 28, 2014

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) 13-003 which was received in our office on November 18, 2013 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan. This SPA is being submitted to comply with Section 2301 of the ACA which requires states that recognize freestanding birth centers, and the services rendered by certain other professionals providing services in a freestanding birth center to cover the services provided by those centers and professionals as mandatory Medicaid services eligible for FFP.

Please note that the approval date of this SPA is January 28, 2014 with an effective date of October 1, 2013. Copy of the approved State Plan page and the signed CMS-179 are enclosed.

If you have any questions, or wish to discuss this further, please contact Ivelisse Salce of my staff at (212) 616-2411

Sincerely,

/s/

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

Cc: Elizabeth Garbarczyk

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 1 3 0 0 3	2. STATE Puerto Rico
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2013	

5. TYPE OF PLAN MATERIAL (Check One)  
 NEW STATE PLAN       AMENDMENT TO CONSIDERED AS NEW PLAN       AMENDMENT

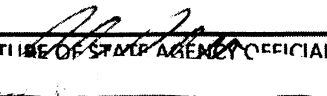
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION Section 1905 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 0 b. FFY 2014 \$ 0
---	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT Attachment 3.1A Page 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New
---	---

10. SUBJECT OF AMENDMENT  
Freestanding Birthing Centers

11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184
13. TYPE NAME Ricardo A. Colón Padilla, CPA	
14. TITLE Executive Director	
15. DATE SUBMITTED November 18, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED January 28, 2014
-------------------	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Michael Melendez	21. TITLE Associate Regional Administrator Division of Medicaid and State Operations
23. REMARKS	

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Agency: Puerto Rico

**Coverage Template for Freestanding Birth Center Services**

Attachment 3.1A: Freestanding Birth Center Services

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: No limitations      With limitations      X None licensed or approved

Please describe any limitations:

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: No limitations      With limitations (please describe below)

X Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

- a. Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- b. Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*
- c. Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*
- d. \*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

TN No.  
Supersedes  
TN No. NEW

Approval Date

**JAN 28 2014**

Effective Date

**OCT 01 2013**