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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 15-0004

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

February 16, 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. Padilla:

We have completed our review of the submission of Puerto Rico State Plan Amendment (SPA) 15-0004 which was submitted to CMS on December 22, 2015 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan. This SPA proposes eyeglasses coverage for children up to the age 21.

Please note that the approval date of this SPA is February 16, 2016 with an effective date of January 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 preparing this State Plan amendment. If you have any questions concerning this SPA, please contact Ivelisse M. Salce at (212) 616-2411 or at Ivelisse.Salce@cms.hhs.gov.

Sincerely,

X

Signed by: Ricardo E. Holligan -S

Ricardo Holligan
Acting Associate Regional Administrator
Division of Medicaid and Children's Health

Cc: Jason Frandson
Lindsey Wilde

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)		1. TRANSMITTAL NUMBER PR-15-0004	2. STATE Puerto Rico
TO: REGIONAL ADMINISTRATOR Centers for Medicare & Medicaid Services (CMS) Department of Health and Human Services (HHS)		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE January 1, 2016	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1905 (a)(12) and (r)(2) of the Social Security Act 42 CFR §440.120(d) and 42 CFR §441.56(c)(1)		7. FEDERAL BUDGET IMPACT a. FFY 2016 (3 quarter) \$ 4,141,000 b. FFY 2017 \$ 5,521,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 5 Description for Attachment 3.1-A, pages 4 and 11 Attachment 3.1-B, page 5 Description for Attachment 3.1-B, pages 4 and 11		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, page 5 Description for Attachment 3.1-A, pages 4 and 11 Attachment 3.1-B, page 5 Description for Attachment 3.1-B, pages 4 and 11	
10. SUBJECT OF AMENDMENT To Provide Coverage for Eyeglasses for Children up to the Age 21.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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 December 22, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED FEBRUARY 16, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 01, 2016		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME RICARDO HOLLIGAN		22. TITLE MINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS			

STATE/TERRITORY: PUERTO RICO

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

12. Prescribed drugs, dentures, and prosthetic devices: and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

- a. Prescribed drugs
 Provided No limitation With limitations* Not Provided
- b. Dentures
 Provided No limitation With limitations* Not Provided
- c. Prosthetic devices
 Provided No limitation With limitations* Not Provided
- d. Eyeglasses
 Provided No limitation With limitations* Not Provided
 (Provided based on EPSDT Guide)

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

- a. Diagnostic services
 Provided No limitation With limitations* Not Provided

*Description provided on attachment.

TN No.: _____ Approval Date: 02/16/2016 Effective Date: January 1, 2016
 Supersedes: 03-001-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICOAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

Description of Limitations

- ee. Services received outside of the territorial limits of the Commonwealth of Puerto Rico, except for emergency services received in the United States.
- ff. Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this Program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies which could result after the referred procedures, are covered.
- gg. Travel expenses, even when ordered by the primary care physician or participating provider are excluded.
- hh. Eyeglasses, lenses, and hearing aids are excluded, except for beneficiaries under age 21 when it is medically necessary and approved through a prior authorization process.
- ii. Acupuncture services are excluded.
- jj. Rent or purchase of wheelchair or any other vehicle (motor and/or electric) or expenses for the repair or alteration of these vehicles.
- kk. Procedures with the purpose of changing the sex of the beneficiary.
- ll. Treatment services for infertility and/or related to conception by artificial means.

- 1. Inpatient hospital services other than those provided in an institution for mental diseases

Inpatient services are provided within coverage under Health Reform Plan with limitations:

Limitations on inpatient services:

- Bed in Semiprivate Room: Coverage will be available twenty four (24) hours per day, every day of the year.
- Isolation Room: For medical reasons.
- Specialized Diagnostic / Treatment: Electrocardiograms, electroencephalograms, arterial gases, and other specialized diagnostic and/or treatment testing that are available in the hospital facilities and which are required to be performed while the patient is hospitalized.

TN No.: _____

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12c. Prosthetic devices

Those including all of the extremities of the body, the ocular therapeutic prosthesis and the segmentary instrumentation system trays for scoliosis surgery and fusion.

12d. Eyeglasses

Eyeglasses or lenses are covered for Medicaid beneficiaries under age 21 when those are medically necessary. Eyeglasses or lenses benefit consist of a single or multi-focal lenses and one standard frame every 24 months. All type of lenses needs to be preauthorized, except for intraocular lenses. The repair or replacement of eyeglasses within the 24-months term is covered when it is medically necessary and approved through a prior authorization process.

13a. Diagnostic Services

General clinical laboratories, x-rays, radiotherapy, pathology, pulmonary function and electroencephalograms if necessary for treatment and convalescent care are not subject to pre-authorizations by the PCP or HCO. For the special coverage diagnostic services described in item 3 above they are subject to necessity criteria and pre-authorization.

13b. Screening Services

Gynecological and Prostate Cancer screening according to accepted medical practice, including Papanicolaou test, mammographies, and P.S.A. as may be medically necessary and according to the age of the beneficiary. Accordingly to Puerto Rico's Health Policies the age of forty (40) years have been established as the initial date to commence cancer screening by mammography.

Sigmoidoscopy for adults ages 50 and over with risk of colon cancer according to accepted medical practice.

TN No.: _____
Supersedes: 03-001-A

Approval Date: 02/16/2016Effective Date: January 1, 2016

STATE/TERRITORY: PUERTO RICO

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