

Table of Contents

State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 20-0011

This file contains the following documents in the order listed:

- 1) Approval letter
- 2) CMS-179 form
- 3) Approved SPA pages

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

December 11, 2020

Luz E. Cruz- Romero
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Dear Ms. Cruz-Romero:

RE: SPA# 20-0011

On November 6, 2020, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico state plan amendment (SPA) PR 20-0011 to temporarily modify the Puerto Rico Local Poverty Level. We approve this SPA, with an effective date of November 15, 2020, and an expiration date of September 30, 2021. A copy of the approved State Plan pages and the signed CMS-179 form are enclosed.

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, 2021, 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, 2021, 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 any questions and provide any additional technical assistance needed.

Congratulation to you and your staff for your hard work and strong collaboration. If you have any question or wish to discuss this SPA further, please contact Ivelisse Salce at 212-616-2411.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Nicole McKnight
Ivelisse Salce

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER PR-20-0011	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: NOVEMBER 15, 2020
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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 Social Security Act, section 1902(e)(14) 42 CFR Part 435 and 42 CFR 435.603	7. FEDERAL BUDGET IMPACT a. FFY <u>2021</u> \$ <u>*</u> b. FFY <u>2022</u> \$ <u>*</u> * The Actuarial Certification is attached.
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT MAGI Form S14T PDF Income Standard – Territories	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) MAGI Form S14T PDF Income Standard – Territories
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10. SUBJECT OF AMENDMENT
Amend the MAGI Form S14T PDF to Modify the Local Poverty Level (LPL), which would Allow Puerto Rico Medicaid Program to Increase the Effective Monthly Income Standard for All MAGI-Based Eligibility Groups.

11. GOVERNOR'S REVIEW (Check One)
 Governor's Office Reported No Comment No Reply Received Within 45 Days of Submittal
 Comments of Governor's Office Enclosed Other, As Specified

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: Luz E. Cruz-Romero	
14. TITLE: Executive Director	
15. DATE SUBMITTED: November 6, 2020.	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 11/06/2020	18. DATE APPROVED 12/11/2020
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 11/15/2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director Division of Program Operations

23. REMARKS



Medicaid Eligibility

State Name:

Transmittal Number: PR - 20 - 0011

Income Standards - Territories **S14T**

Indicate which type of poverty level the territory uses:

- The Federal Poverty Level (FPL)
- The Local Poverty Level (LPL)

Enter the amount of the Local Poverty Level.

	Household Size	Amount	
<input checked="" type="checkbox"/>	1	\$904.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	\$1,221.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	\$1,539.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	\$1,856.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	\$2,173.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	\$2,491.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	\$2,808.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	\$3,125.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	\$3,443.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	\$3,760.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11	\$4,077.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12	\$4,395.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	13	\$4,712.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14	\$5,029.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	15	\$5,347.00	<input checked="" type="checkbox"/>

Indicate whether the amounts entered above are monthly or yearly:

- Monthly
- Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.



Medicaid Eligibility

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	37	X
+	2	70	X
+	3	103	X
+	4	135	X
+	5	168	X
+	6	201	X
+	7	234	X
+	8	267	X

Additional incremental amount

Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:



Medicaid Eligibility

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	32	X
+	2	64	X
+	3	96	X
+	4	128	X
+	5	160	X
+	6	192	X
+	7	224	X
+	8	256	X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard



Medicaid Eligibility

	Household size	Standard (\$)	
+	1		X

Additional incremental amount
 Yes No

Increment amount \$

The dollar amounts increase automatically each year
 Yes No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
<input type="radio"/> Statewide standard <input type="radio"/> Standard varies by region <input type="radio"/> Standard varies by living arrangement <input type="radio"/> Standard varies in some other way	
The dollar amounts increase automatically each year <input type="radio"/> Yes <input type="radio"/> No	

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
<input type="radio"/> Statewide standard <input type="radio"/> Standard varies by region <input type="radio"/> Standard varies by living arrangement <input type="radio"/> Standard varies in some other way	
The dollar amounts increase automatically each year <input type="radio"/> Yes <input type="radio"/> No	

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date



Medicaid Eligibility

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

V.20140415

SPA PR-20-0011

Amend the MAGI Form S14T PDF to Modify the Local Poverty Level (LPL), which would Allow Puerto Rico Medicaid Program to Increase the Effective Monthly Income Standard for All MAGI-Based Eligibility Groups

Monthly Eligibility Income for MAGI: Medicaid and M-CHIP

HH	FPL 2020 Annual	PRPL Monthly		MAGI 5% PRPL	MAGI Medicaid		MAGI M-CHIP	
		FPL x 85% = X / 12 = Monthly	PRPL = 85% FPL		133% PRPL	133% PRPL + 5%	266% PRPL	266% PRPL+ 5%
HH	\$	\$	\$	\$	\$	\$	\$	\$
1	12,760	903.83	904	45	1,202	1,247	2,405	2,450
2	17,240	1,221.16	1,221	61	1,624	1,685	3,248	3,309
3	21,720	1,538.50	1,539	77	2,047	2,124	4,094	4,171
4	26,200	1,855.83	1,856	93	2,468	2,561	4,937	5,030
5	30,680	2,173.16	2,173	109	2,890	2,999	5,780	5,889
6	35,160	2,490.50	2,491	125	3,313	3,438	6,626	6,751
7	39,640	2,807.83	2,808	140	3,735	3,875	7,469	7,609
8	44,120	3,125.16	3,125	156	4,156	4,312	8,313	8,469
9	48,600	3,442.50	3,443	172	4,579	4,751	9,158	9,330
10	53,080	3,759.83	3,760	188	5,001	5,189	10,002	10,190
11	57,560	4,077.16	4,077	204	5,422	5,626	10,845	11,049
12	62,040	4,394.50	4,395	220	5,845	6,065	11,691	11,911
13	66,520	4,711.83	4,712	236	6,267	6,503	12,534	12,770
14	71,000	5,029.16	5,029	251	6,689	6,940	13,377	13,628
15	75,480	5,346.50	5,347	267	7,112	7,379	14,223	14,490

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.

**This SPA page sunsets at the end of September 30, 2021.