

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 22-0004**

This file contains the following documents in the order listed:

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

**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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October 11, 2022

Dinorah Collazo Ortiz  
Medicaid Director  
Puerto Rico Medicaid Program  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 22-0004

Dear Ms. Collazo:

The Centers for Medicare and Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) PR 22-0004 to remove the expiration date from PR SPA 21-0011 and add language to keep the Puerto Rico Local Poverty Level at 85 percent of the federal poverty level.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations: Section 1902(e)(14); 42 CFR 435.603. This letter is to inform you that we approved Puerto Rico Medicaid SPA 22-0004 on October 7, 2022, with an effective date of October 1, 2022.

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

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Nicole McKnight  
Ivelisse Salce

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 4</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 <p style="text-align: center; color: blue;">October 1, 2022</p>	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act, Sec. 1902(e)(14); 42 CFR 435; 42 CFR 435.603	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ _____ b. FFY <u>2024</u> \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT MAGI Form S14T PDF Income Standard - Territories	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) MAGI Form S14T PDF Income Standard - Territories	

9. SUBJECT OF AMENDMENT

Removes the sunset from the previous local poverty level (LPL) SPA, and inserts language to keep the Puerto Rico LPL at 85% of

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184
12. TYPED NAME Dinorah Collazo-Ortiz	
13. TITLE Program Director	
14. DATE SUBMITTED 08/26/2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>08/26/2022</b>	17. DATE APPROVED <b>10/07/2022</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>10/01/2022</b>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS



# Medicaid Eligibility

State Name:

Transmittal Number: PR - 22 - 0004

<b>Income Standards - Territories</b>	<b>S14T</b>
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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	
+	1	\$963.00	X
+	2	\$1,297.00	X
+	3	\$1,631.00	X
+	4	\$1,966.00	X
+	5	\$2,300.00	X
+	6	\$2,634.00	X
+	7	\$2,969.00	X
+	8	\$3,303.00	X
+	9	\$3,637.00	X
+	10	\$3,972.00	X
+	11	\$4,306.00	X
+	12	\$4,640.00	X
+	13	\$4,975.00	X
+	14	\$5,309.00	X
+	15	\$5,643.00	X
+	16	\$5,978.00	X
+	17	\$6,312.00	X
+	18	\$6,646.00	X

Puerto Rico Medicaid uses a Local Poverty Level which is aligned to 85% of the Federal Poverty Level (adjusted annually and published by the federal office of management and budget applicable to the household size). The income limit for MAGI Medicaid is 133% (+5% disregard) of the Puerto Rico Local Poverty Level. The income limit for MAGI M-CHIP is 266% (+5% disregard) of the Puerto Rico Local Poverty Level.



# Medicaid Eligibility

Indicate whether the amounts entered above are monthly or yearly:



# Medicaid Eligibility

Monthly

Yearly

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

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 (\$)	
<b>+</b>	1	37	<b>X</b>
<b>+</b>	2	70	<b>X</b>
<b>+</b>	3	103	<b>X</b>
<b>+</b>	4	135	<b>X</b>
<b>+</b>	5	168	<b>X</b>
<b>+</b>	6	201	<b>X</b>
<b>+</b>	7	234	<b>X</b>
<b>+</b>	8	267	<b>X</b>

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No



# Medicaid Eligibility

## 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

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	32	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	64	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	96	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	128	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	160	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	192	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	224	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	256	<input checked="" type="checkbox"/>

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



# Medicaid Eligibility

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:

- 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

## 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:

- 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 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:

- Statewide standard  
 Standard varies by region  
 Standard varies by living arrangement





# Medicaid Eligibility

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

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