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State/Territory Name: **Puerto Rico**

State Plan Amendment (SPA) #: **23-0002**

This file contains the following documents in the order listed:

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

PR Submission Package PR2023MS00020 (PR 23 0002) Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 1th Room t
Kansas City , MO 64106



Center for Medicaid & CHIP Services

June 07 02

Dinorah Collazo-Ortiz
Executive Director
Puerto Rico Medicaid Program
Department Of Health
P.O. Box 70184
San Juan , PR 00971

Re Approval of tate Plan Amendment PR 000

Dear Dinorah Collazo Ortiz

On March 09, 2023, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-23-0002, in which the territory proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve Puerto Rico State Plan Amendment (SPA) PR-23-0002 with an effective date(s) of January 01, 2023.

Accompanying the approval of PR-23-0002 is the enclosed companion letter regarding the need for Puerto Rico to comply with sections 408(a)(11)(B) and 1931(c)(1) of the Social Security Act (the Act) and 42 C.F.R. § 435.115 and § 436.114(f).

Name	Date Created	
Companion Letter PR SPA-signed	6/6/2023 3:50 PM EDT	

If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov

Sincerely,
Ruth A. Hughes
Acting Director Division Operations
Center for Medicaid & CHIP Services



Medicaid and CHIP Operations Group

June 6, 2023

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

Re: Puerto Rico State Plan Amendment (SPA) 23-0002

Dear Medicaid Director Collazo:

We are issuing this letter with the Centers for Medicare and Medicaid Services (CMS) approval of Puerto Rico's State Plan Amendment (SPA) PR-23-0002, consistent with the State Medicaid Director letter (SMD) #10-020 published on October 1, 2010 (relating to SPA review process). Puerto Rico's SPA 23-0002 proposed to adopt the mandatory changes to the Medicaid eligibility group serving Former Foster Care Children (consistent with section 1002(a) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217), and these proposed changes have been approved in SPA PR 23-0002. However, during our review of SPA 23-0002, CMS discovered that Puerto Rico is not covering a mandatory Medicaid population; specifically, certain individuals who become income-ineligible for Medicaid due to the collection of spousal support.

Under sections 408(a)(11)(B) and 1931(c)(1) of the Social Security Act (the Act) and 42 C.F.R. § 435.115 and § 436.114(f), states and territories are required to provide four months of extended Medicaid eligibility to individuals, and any dependent children of such individuals, who lose eligibility in the Parents and Other Caretaker Relatives eligibility group due to increased collection of spousal support under title IV-D of the Act. This mandatory eligibility group is referred to in the state plan as the "Extended Medicaid due to Spousal Support Collections" group. While reviewing PR SPA 23-0002, CMS discovered that while Puerto Rico's state plan pages include this eligibility group, the territory has not implemented coverage. In a call with Puerto Rico on March 16, 2023, Puerto Rico confirmed that it does not provide Medicaid to this population.

Coverage of this population is not integral to the purpose of SPA 23-0002, which was submitted to implement the eligibility changes to the Former Foster Care Children's eligibility group consistent with the SUPPORT Act. Per SMD #10-020, CMS explained to Puerto Rico the option to resolve this issue separately from SPA 23-0002. On June 2, 2023, Puerto Rico informed CMS that it would like to elect this option and address this issue separately. This letter initiates that separate process.

Please respond within 90 days of receipt of this letter by submitting a plan describing how the territory will provide coverage of the mandatory Medicaid eligibility group for Extended Medicaid due to Spousal Support Collections, in compliance with sections 408(a)(11)(B) and 1931(c)(1) of the Social Security Act (the Act), 42 C.F.R. § 436.114(f), and described in 42 C.F.R. § 435.115, including a detailed timeline. During these 90 days, CMS can provide the territory with technical assistance and welcomes the opportunity to work with you and your staff. Should you or your staff have any questions, please contact Sarah Lichtman Spector, Director, Division of Medicaid Eligibility and Policy, at Sarah.Spector@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

PR Submission Package PR2023MS0002O (PR 23 0002) Eligibility

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Submission - Summary

MEDICAID | Med ca d State Plan | El g b l ty | PR2023MS0002O | PR 23 0002

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CMS-10434 OMB 0938-1188

Not Started

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Package Header

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Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	6/7/ 0	Effective Date	N/A
Superseded SPA ID	N/A		

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State Information

Expand

Submission Component

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Submission Type

Expand

Key Contacts

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SPA ID and Effective Date

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Executive Summary

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Dependency Description

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Disaster Related Submission

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Federal Budget Impact and Statute/Regulation Citation

Expand

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Authorized Submitter

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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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

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CMS-10434 OMB 0938-1188

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Superseded SPA ID	NEW		
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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19 - Territories		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women - Territories		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Children with Title IV E Adoption Assistance Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to pousal support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group - Territories		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

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

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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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Infants and Children under Age 19 - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR 23 0002

Infants and children under age 19 with household income at or below standards established by the state based on age group.

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CMS 10434 OMB 0938 1188

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Complete

Package Header

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Superseded SPA ID	PR 13-006		
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The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

A. Characteristics

[Expand](#)

B. Financial Methodologies

[Expand](#)

C. Income Standards Used

[Expand](#)

D. Basis for the Income Standard for Infants under Age 1

[Expand](#)

E. Basis for the Income Standard for Children Age One through Age Five

[Expand](#)

F. Basis for the Income Standard for Children Age Six through Age Eighteen

[Expand](#)

G. Additional Information (optional)

[Expand](#)

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 standardized 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

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PR Submission Package PR2023MS00020 (PR 23 0002) Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state

CMS-10434 OMB 0938-1188

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The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions

A. Characteristics

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

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- a. This eligibility group includes individuals who are parents or other caretakers of children who are 1 years old provided the children are full time students in a secondary school or the equivalent level of vocational or technical training
- b. Options relating to the definition of caretaker relative:
- c. Options relating to the definition of dependent child
 - i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
 - ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies)

Have household income at or below the standard established by the state

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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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. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

- Yes
- No

The state uses the following income standard for this group

FPL 1 00%

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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D. Basis for Income Standard

1 Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

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

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

- i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI equivalent percent of FPL or amounts by household size
- ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iv The state s effective income level for any population of parents/caretaker relatives under a Medicaid 111 demonstration as of December 1 01 converted to a MAGI-equivalent percent of FPL or amounts by household size

c. The amount of the maximum income standard is:

- i. A percentage of the federal poverty level 133.00%
- ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards
- iii. The state's 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 converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iv The state s TANF payment standard converted to a MAGI equivalent standard. The standard is described in AFDC Income Standards.
- v Other dollar amount

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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E. 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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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

Women who are pregnant or post partum, with household income at or below a standard established by the state

CMS-10434 OMB 0938-1188

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The state covers the mandatory pregnant women group in accordance with the following provisions

A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives.

- Yes
 No

B. Financial Methodologies

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

Pregnant Women - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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C. Income Standard Used

The state uses the following income standard for this group

FPL 1 00%

- 1. A percentage of the poverty level
- 2. A dollar amount by family size

Pregnant Women - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
2. Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Pregnant Women - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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E. Basis for Income Standard

1. Minimum income standard

a. The minimum income standard for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in Income Standards-AFDC Related-Territories.

b. The state certifies that it has an approved MAGI conversion plan.

2. Maximum income standard

The maximum income standard for this group is 185% FPL.

G. 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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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

Children born to women covered under Medicaid or a separate CHIP program for the date of the child's birth, who are deemed eligible for Medicaid without application until the child turns one.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	PR 92-04		
	User-Entered		

The state covers the mandatory deemed newborns group in accordance with the following provisions:

A. Characteristics

- A child qualifies under this group provided the birth mother meets one of the following requirements for the date of the child's birth:
 - Was covered under any eligibility group in the Medicaid state plan including during a period of retroactive eligibility or coverage of emergency services as defined in section 190 (v)() of the Act or
 - Was covered as a targeted low-income pregnant woman under the state's CHIP state plan (if the state elected the option in CHIP) with household income at or below the income standard established by the state for infants under age one in the infants and children under age 19 eligibility group (4 CFR 43 11)
- Individuals may not be required to file an application for this group.

Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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B. Optional Individuals Covered

1 In addition to the children described in A , the state extends coverage to other newborns *

Yes

No

Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

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C. Financial Methodologies

When eligibility for the newborn is based on the birth mother's CHIP eligibility or on the birth mother's eligibility under an 1115 demonstration, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

D. Period of Eligibility

1. The period of eligibility extends from the date of the child's birth until the child's first birthday.
2. The period of eligibility is not impacted by changes in household income or household composition.

Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

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Package ID	PR2023MS00020	SPA ID	PR-23-0002
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E. Additional Information (optional)

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PR Submission Package PR2023MS0002O (PR 23 0002) Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Children with Title IV E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | PR-23-0002

Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.

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CMS-10434 OMB 0938-1188

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Package Header

Package ID	PR2023MS0002O	SPA ID	PR-23-0002
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The state covers the mandatory children with Title IV-E adoption assistance, foster care or guardianship care group in accordance with the following provisions

A. Characteristics

[Expand](#)

B. Additional Information (optional)

[Expand](#)

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PR Submission Package PR2023MS00020 (PR 23 0002) Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2023MS00020	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	/9/ 02
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The state covers the mandatory former foster care children group in accordance with the following provisions

A. Characteristics

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

- Are under age 26
- Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
Are described under either section B or C

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration and

b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV E of the Act, and meet the following criteria

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration and

b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV E of the Act, and meet the following criteria

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

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D. Additional Information (optional)

Privacy 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, Attention: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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PR Submission Package PR2023MS00020 (PR 23 0002) Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00020 | PR-23-0002

Non pregnant individuals under age 65, not otherwise mandatorily eligible, with income at or below 133% FPL.

CMS-10434 OMB 0938-1188

Not Started

In Progress

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Package Header

Package ID	PR2023MS00020	SPA ID	PR-23-0002
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The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria

- Have not attained age 65
 - Are not pregnant
- Are not entitled to or enrolled for Part A or B Medicare benefits
- Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 436, subpart B.

B. Financial Methodologies

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

C. Income Standard Used

The amount of the income standard for this group is 1 % FPL

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19 or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 436.222) on March 23, 2010:
 - a. Under age 20
 - b. Under age 21

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Package ID	PR 0 M 000 O	PA ID	PR 000
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E. Additional Information (optional)

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