

PUERTO RICO DEPARTMENT OF HEALTH
MEDICAID PROGRAM

PUERTO RICO MEDICAID STATE PLAN

MAY 2019

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**PUERTO RICO MEDICAID STATE PLAN
SECTION 2
COVERAGE AND ELIGIBILITY**

MAYO 2019

SECTION

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TN No. 88-1
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1989

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AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR Part
436, §436.10
and Subpart J

2.1 Application, Determination of Eligibility
and Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 92-2
Supersedes
TN No. 75-7

Approval Date MAY 1 1992

Effective Date JAN 1 - 199

HCFA ID: 7984E

OFFICIAL

Revision: HCFA-PM- (MB)

State/Territory: _____ [Puerto Rico] _____

Citation

42 CFR
436 Subpart J.

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

For any full month provided the individual met all the eligibility conditions at any time during that month.

1902(e)(8) and
1905(a) of the
Act

_____ (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

Not applicable

1902(a)(47) and
1920 of the Act

_____ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

Not applicable

TN # 03-13
Supersedes TN # 94-1

Effective Date 08/13/03
Approval Date FEB 24 2004

Revision: HCFA-PM-91- 6 (MB)
September 1991

OMB No.

State/Territory: Puerto Rico

Citation

1902(a)(55) of the Act 2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

Not Applicable

Puerto Rico does not cover poverty level persons.

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Supersedes		
TN No. <u>92-8</u>		

HCFA ID: 7985E

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AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation
42 CFR 436.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

1902(a)(10)(A) &
(E), 1902(l) & (m),
1905(p) and (q)
and 1920 of the
Act

All applicable requirements of 42 CFR Part 436 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(IX), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), and 1920 of the Act are met.

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Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PR - 15 - 0003

Expiration date: 10/31/2014

Non-Financial Eligibility

State Residency

S88

42 CFR 435.403

State Residency

- The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - Intends to reside in the state, including without a fixed address, or
 - Entered the state with a job commitment or seeking employment, whether or not currently employed.
- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
 - Residing in the state, with or without a fixed address, or
 - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
 - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- IV-E eligible children living in the state, or
- Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

Yes No

The state has a policy related to individuals in the state only to attend school.

Yes No

Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Yes No

Provide a description of the definition:

Temporary absences occur when a beneficiary leave Puerto Rico for specific purposes with time-limited goals. The Puerto Rico Medicaid Program does not deny or terminate a Puerto Rico resident's Medicaid eligibility because of that person's temporary absence from Puerto Rico if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined that the person is a resident there for purposes of Medicaid. Therefore, if the individual is receiving Medicaid benefits from another state, he or she is no longer considered a resident of Puerto Rico, and Puerto Rico Medicaid Program benefits should be terminated.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

V.20140415

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation 2.4 Blindness

42 CFR
436.530(b)
42 CFR 436.531

All of the requirements of 42 CFR 436.530 and 42 CFR 436.531 are met. The definition of blindness in terms of ophthalmic measurement used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

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AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation
42 CFR
436.540(b)
436.541

2.5 Disability

All of the requirements of 42 CFR 436.540 and 42 CFR 436.541 are met. The definition of permanent and total disability that is used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

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HCFA ID: 7984E

Revision: HCFA-PM-93-5 (MB)
MAY 1993

Territory: Puerto Rico

Citation

2.6 Financial Eligibility

42 CFR Part 436,
Subparts A,G, and H

(a) The financial eligibility conditions for the Medicaid only eligibility groups and persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

1902(a)(10)(E)(i)
and 1905(p)(4) of
the Act

(b) Qualified Medicare Beneficiaries

The financial eligibility requirements for qualified Medicare beneficiaries are described in ATTACHMENT 2.6-A.

X Not applicable. Qualified Medicare beneficiaries are not included in the plan.

1902(a)(10)(E)(ii),
1905(p)(4)
and 1905(s) of the Act

(c) Qualified Disabled and Working Individuals

The financial eligibility requirements for qualified disabled and working individuals are described in ATTACHMENT 2.6-A.

X Not applicable. Qualified disabled and working individuals are not included in the plan.

1902(a)(10)(E)(iii)
and 1905(p)(4)
of the Act

(d) Specified Low-Income Medicare Beneficiaries

The financial eligibility requirements for specified low-income Medicare beneficiaries are described in ATTACHMENT 2.6-A.

X Not applicable. Specified low-income Medicare beneficiaries are not included in the plan.

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Supersedes
TN No. 92-4

BPP Revision: November 10, 1981

State Puerto Rico

Citation
 42 CFR Part 436,
 §436.10 and
 Subpart G & I
 AT-78-90
 AT-80-6
 AT-80-34
 AT-81-4
 46 FR 47976

2.6(b) Medically needy.

All requirements of 42 CFR Part 436, Subparts G and I are met with respect to the families and individuals to whom the requirements apply. The levels of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are described in ATTACHMENT 2.6-A.

Not applicable. The medically needy are not included under this plan.

TN # 82-7
 Supersedes
 TN # 81-1

Approval Date 3/25/83 Effective Date 10/4/82

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: PUERTO RICOCitation

2.7

Medicaid Furnished Out of State

431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 87-1
Supersedes
TN NO. 82-9

Approval Date MAY 26 1988Effective Date JAN. 1 1987

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