



PUERTO RICO MEDICAID STATE PLAN

LIST OF ATTACHMENTS 1

JULY 2023

LIST OF ATTACHMENTS

No.	Title of Attachment
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	<ul style="list-style-type: none"> * Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18 * Supplement 2 - Definitions of Blindness and Disability (<u>Territories only</u>) * Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (<u>States only</u>)
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*Forms Provided

TN No. 92-2 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
 Supersedes _____
 TN No. 88-1 HCFA ID: 7982E

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Revision: HCFA-PM-91-8 (MB)
 October 1991

OMB No.:
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<u>No.</u>	<u>Title of Attachment</u>
* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
* Supplement 5a-	Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
* Supplement 6 -	Standards for Optional State Supplementary Payments
* Supplement 7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
* Supplement 8 -	Resource Standards for 1902(f) States - Categorically Needy
* Supplement 8a-	More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act
* Supplement 8b-	More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
* Supplement 9 -	Transfer of Resources
* Supplement 10-	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 11-	Cost-Effective Methods for COBRA Groups (<u>States and Territories</u>)
*2.6-A	<u>Eligibility Conditions and Requirements (Territories only)</u>
* Supplement 1 -	Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
* Supplement 2 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 3 -	Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
* Supplement 4 -	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 5 -	More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
* Supplement 6 -	More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

*Forms Provided

TN No. <u>92-8</u>	Approval Date <u>OCT 14 1992</u>	Effective Date <u>JUL 1 1992</u>
Supersedes		
TN No. <u>92-2</u>		

HCFA ID: 7982E

Public Rule **OFFICIAL**

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AUGUST 1991

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Page 3

No.	Title of Attachment
*3.1-A	Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
	* Supplement 1 - Case Management Services
	Supplement 2 - Alternative Health Care Plans for Families Covered Under Section 1925 of the Act
*3.1-B	Amount, Duration, and Scope of Services Provided Medically Needy Groups
3.1-C	Standards and Methods of Assuring High Quality Care
3.1-D	Methods of Providing Transportation
*3.1-E	Standards for the Coverage of Organ Transplant Procedures
4.11-A	Standards for Institutions
4.14-A	Single Utilization Review Methods for Intermediate Care Facilities
4.14-B	Multiple Utilization Review Methods for Intermediate Care Facilities
4.16-A	Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
4.17-A	Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home
*4.18-A	Charges Imposed on Categorically Needy
*4.18-B	Medically Needy - Premium
*4.18-C	Charges Imposed on Medically Needy and other Optional Groups
*4.18-D	Premiums Imposed on Low Income Pregnant Women and Infants
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4.19-A	Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care

*Forms Provided

TN No. 92-2 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
Supersedes
TN No. 90-1

HCFA ID: 7982E



No.	Title of Attachment
4.19-B	Methods and Standards for Establishing Payment Rates - Other Types of Care
* Supplement 1 -	Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
4.19-C	Payments for Reserved Beds
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4.20-A	Conditions for Direct Payment for Physicians' and Dentists' Services
4.22-A	Requirements for Third Party Liability--Identifying Liable Resources
*4.22-B	Requirements for Third Party Liability--Payment of Claims
*4.22-C	Cost-Effective Methods for Employer-Based Group Health Plans
*4.32-A	Income and Eligibility Verification System Procedures: Requests to Other State Agencies
*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
7.2-A	Methods of Administration - Civil Rights (Title VI)

*Forms Provided

TN No.	<u>92-0</u>	Approval Date	<u>OCT 14 1992</u>	Effective Date	<u>JUL 1 1992</u>
Supersedes	<u>92-2</u>				
TN No.					
				HCFA ID:	7982E

74-1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-A
MEDICAL ASSISTANCE PROGRAM

State of The Commonwealth of Puerto Rico

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Department of Health of Puerto Rico is the
single State agency responsible for:

administering the plan.

The legal authority under which the agency administers
the plan on a Statewide basis is Article IV of the Constitution
of the Commonwealth of Puerto Rico and Act No. 81 adopted
on March 14, 1912, as amended.
(statutory citation)

supervising the administration of the plan by local
political subdivisions.

The legal authority under which the agency supervises
the administration of the plan on a Statewide basis is
contained in
(statutory citation)

The agency's legal authority to make rules and regulations
that are binding on the political subdivisions administer-
ing the plan is
(statutory citation)

August 28, 1974
DATE

Rafael F. Morales Caballero
Signature
Acting Attorney General
Title

PR 6/20/74 10/15/74 4/1/74

74-1
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-B
MEDICAL ASSISTANCE PROGRAM

OFFICIAL

State of Commonwealth of Puerto Rico

WAIVER(S) OF THE SINGLE STATE AGENCY REQUIREMENT GRANTED
UNDER THE INTERGOVERNMENTAL COOPERATION ACT OF 1968

Waiver #1.^{1/}

- a. Waiver was granted on _____
(date)
- b. The organizational arrangement authorized, the nature
and extent of responsibility for program administration
delegated to _____, and
(name of agency)
the resources and/or services of such agency to be utilized
in administration of the plan are described below:

NOT APPLICABLE

1/ (Information on any additional waivers which have been granted
is contained in attached sheets.)

St. PR Incorp. 6/20/74 effective 4/1/74

74-1

OFFICIAL

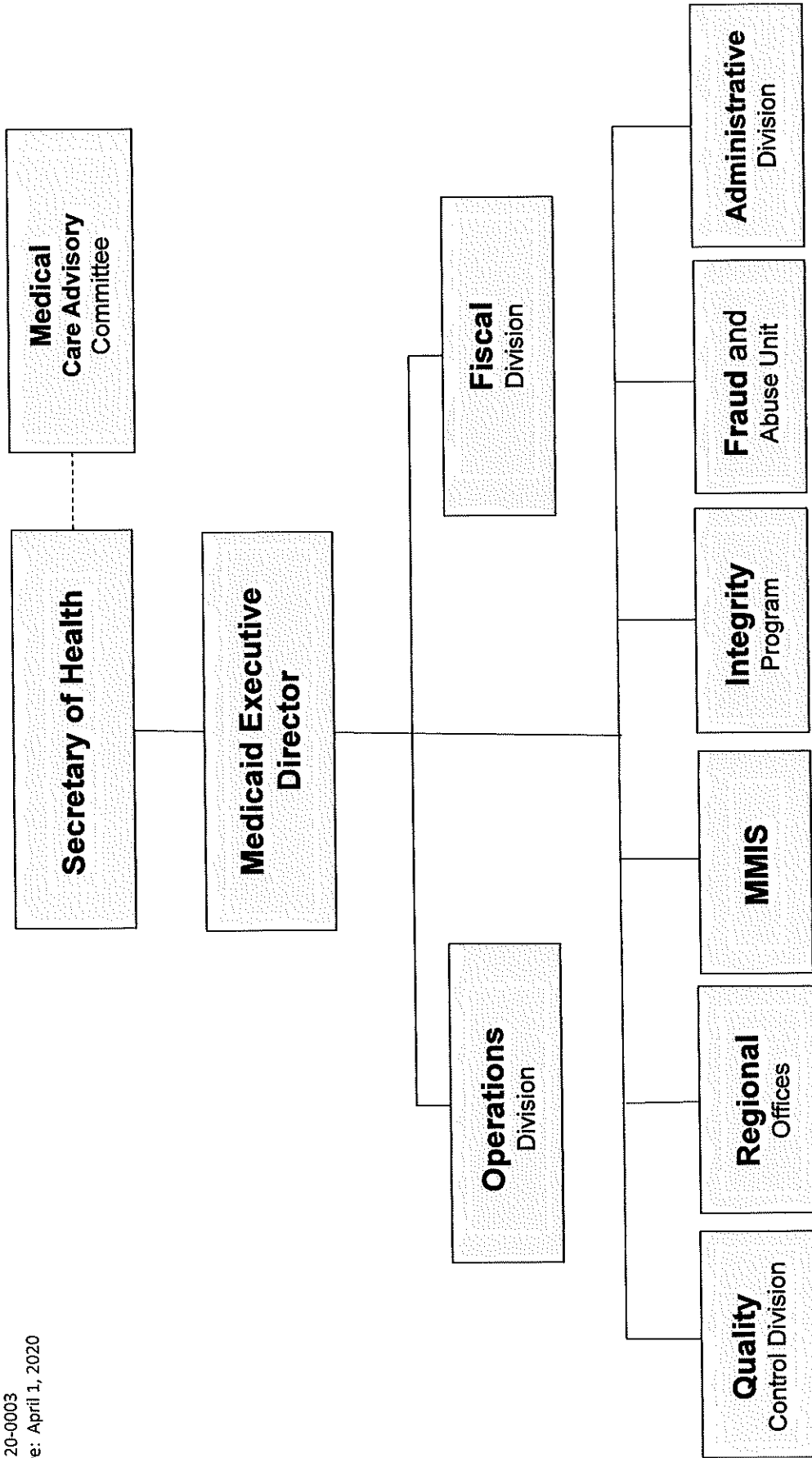
State Commonwealth of Puerto Rico

Attachment 1.1-B
page 2

c. The methods for coordinating responsibilities among the several agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

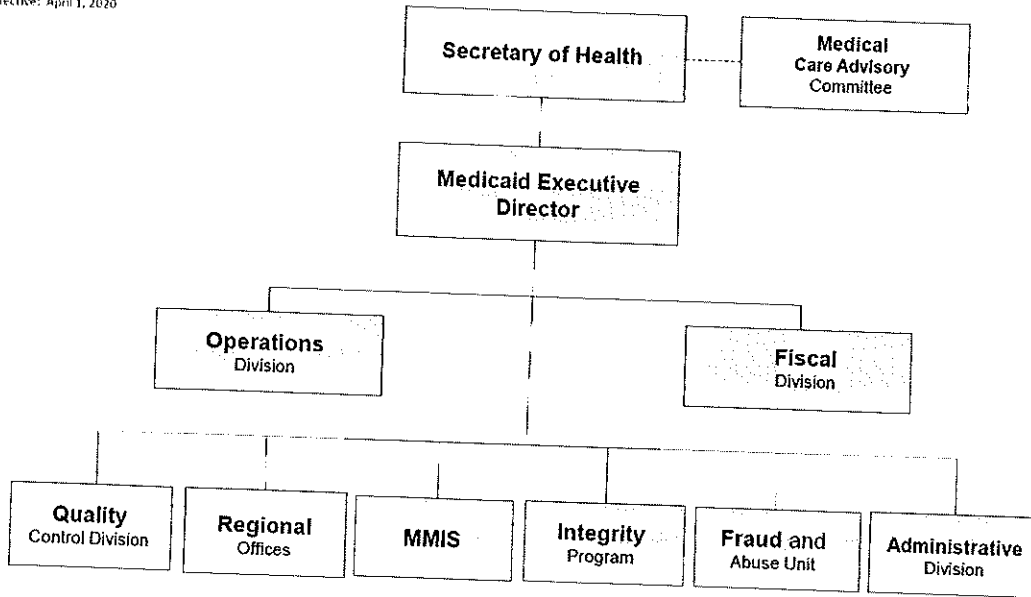
NOT APPLICABLE

St. PR no. 6/20/74 10/15/74 4/1/74



Attachments to Puerto Rico Medicaid Program
Single State Agency
SPA PR-20-0003

SPA PR 20-0003
Effective: April 1, 2020



The Commonwealth of Puerto Rico Department of Health (PRDoH) was established by Article 4 of the Constitution of Puerto Rico. The PRDoH is headed by the Secretary of Health, who is appointed by the Governor and which is also defined by the Constitution as a cabinet position.

As certified by Puerto Rico Attorney General, the PRDoH is designated as the single state agency and as such it has the legal authority to administer Title XIX (Medicaid State Plan) and the Title XXI (CHIP State Plan) of the Social Security Act. The Puerto Rico Department of Health (PRDoH), as a Single State Agency, also has the legal authority: (i) to supervise the plan, (ii) to develop, issue, and establish policies, rules, and regulations on program matters. This authority, as the Single State Agency, must not be impaired if any of its rules, regulations, or decisions are subject to review, clearance, or similar action by other officers or agencies of the State. If other State or local agencies or offices perform services for the Medicaid Program, they do not have the authority to change or disapprove any administrative decision of that Program, or otherwise substitute their judgment for that of the Medicaid Program with respect to the application of policies, rules and regulations issued by the Puerto Rico Single State Agency.

Within PRDoH, the day-to-day operation of Medicaid and CHIP is delegated to the Office of the Medicaid Program (Program). The Medicaid Program, a fully integrated office of the PRDoH, is managed by an Executive Director, who is appointed by the Secretary of PRDoH. The Director reports to the Secretary and, along with other appropriate personnel, participate in the development, analysis, and evaluation of the Program.

The Program is responsible, among others, for: (1) the determination of eligibility for categorically and medically needy applicants and beneficiaries according to the requirements as stated on the Title XIX

and XXI of the Social Security Act (SSA), Code of Federal Regulations, and Puerto Rico Medicaid and CHIP Plans, and (2) the management of the Medicaid and CHIP grant funds.

The Puerto Rico Medicaid Program also has the following functions and responsibilities:

(1) Puerto Rico Medicaid Program is responsible for conducting all Medicaid fair hearings, except for those fair hearings related with (i) beneficiaries' health care services and benefits; (ii) providers; and (iii) MCOs, MAOs, and PBMs, which are conducted by PRHIA.

(2) Puerto Rico Medicaid Program manages Medicaid (Title XIX) and CHIP (Title XXI) funds, as well as the funds to provide drugs to Medicare beneficiaries.

(3) The Puerto Rico Medicaid Office will among others, but not limited to, the following functions: (a) Organizes and maintains a program for the evaluation and certification of applicants for Medicaid and CHIP; (b) Keeps update the state plan and handle all state plan amendments; (c) Ensure compliance with federal and local regulations; and, (d) Carry out all those functions necessary and appropriate for the implementation of the public policy of the PRDoH in its area of operation.

The Puerto Rico Medicaid Program also has the following organization to manage all administrative and operational activities through the following divisions:

1. Fiscal Affairs Division: It is in charge of all transaction related to federal and local funds, budget, accounts payable, among others related functions. It is also responsible for making financial reports in compliance with federal regulation. Also, it determines the FQHC prospective payment (wraparound), prepares the documents required, and takes the steps to make the payment.
2. Operations Division: It is in charge of all activities related to eligibility determinations, staff trainings, and information management, among others related functions. This Division conducts all eligibility determinations and has responsibility for conducting fair hearings with respect to denials of eligibility.
3. Administrative Division: It is in charge of all human resources transaction and payroll, office materials acquisition, documents and files warehousing and disposal, transportation services, and documentation and contract management, among others related functions.
4. Fraud and Abuse Unit: the Anti-Fraud Office, which is in charge to investigate beneficiary fraud, among others related functions.
5. Integrity Program: Detects, investigates, and prosecutes cases of fraud by healthcare providers.
6. Quality Control Division: It carries out actions aimed at detecting the presence of errors in the eligibility determination processes.
7. Regional Offices: Supervise and coordinate the operational and administrative phase of the Program in the local offices and satellite offices.

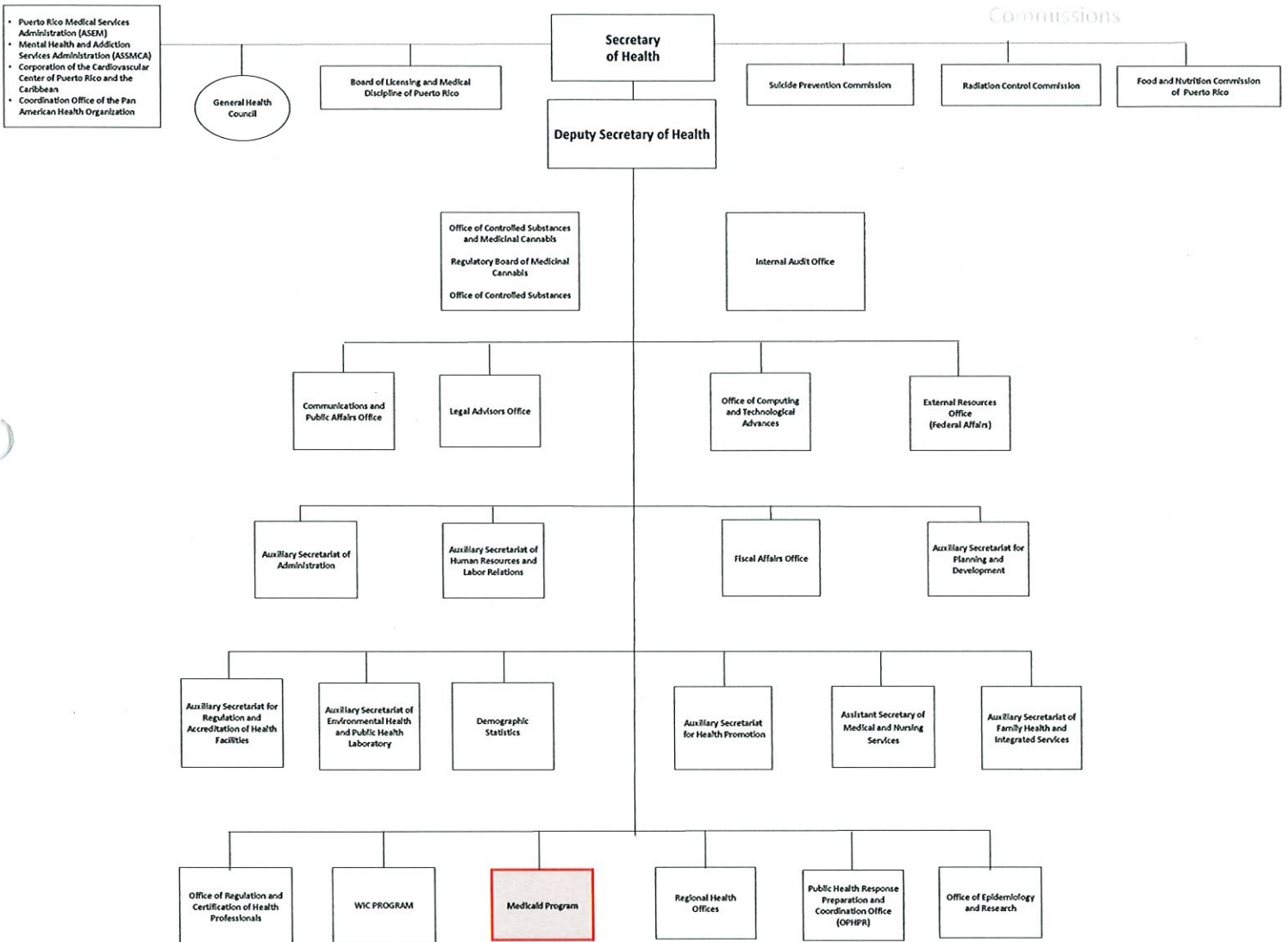
- Local Offices - Make the determination of Eligibility.
- Satellite Offices - Handles cases that come to the emergency room of some hospitals when a person has expired their eligibility, and does not have a medical plan or having it does not meet their needs.

8. MMIS: The Medicaid Management Information System controls Medicaid bussines.



Government of Puerto Rico
Health Department
Auxiliary Secretariat for Planning, Development and Federal Affairs

PUERTO RICO DEPARTMENT OF HEALTH ORGANIZATIONAL CHART (Approved by OMB July 2016)



COMMONWEALTH OF PUERTO RICO
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MANAGED HEALTH CARE

STATE PLAN DEFINED HMO

The Puerto Rico Health Insurance Administration (PRHIA) was created by Commonwealth Law Number 72 effective September 7, 1993. PRHIA is a public corporation with full autonomy. It is responsible for implementing, administering and negotiating a health insurance system, through contracts with insurance underwriters that will eventually give all Island residents access to quality medical and hospital care, regardless of their financial condition and capacity to pay.

PRHIA has an agreement with the single State Medicaid Agency to carry out the provisions of Law Number 72. The Single State Medicaid Agency is the Department of Health. Within the Department, the Office of Economic Aid to the Medically Indigent has responsibility for the Medicaid Program.

PRHIA enters into risk contracts with entities/insurers organized under Commonwealth Law 152 (approved on May 9, 1942) to provide or arrange for comprehensive health care services. These consist of Basic Coverage and Special Coverage as detailed in the contract.

PRHIA contracts health insurance for one or more areas or regions, with one or more entities/insurers licensed to do health insurance business in Puerto Rico. Services are rendered following the regionalization system of the Department of Health, progressively establishing a network of participating purveyors throughout the Island. Within each region Primary Care Centers will be established. These must be staffed with consideration to the morbidity and mortality rates of the specific health area and must be sufficiently staffed to provide all the benefits included in the Plan. The entity/insurer must demonstrate to PRHIA the adequacy of its provider network in relation to the region or health area it will serve. Services will be as accessible to Medicaid enrollees as they are to non-enrolled Medicaid beneficiaries.

The entity/insurer must demonstrate financial soundness according to Commonwealth statute, etc., and must submit financial and other reports to the Administration as specified in the contract. If the entity or insurer is declared insolvent, files for bankruptcy, or is placed under liquidation, the Administration has the option to cancel and immediately terminate the contract. In the event that the entity or insurer is declared insolvent, files for bankruptcy, or is placed under liquidation, Medicaid enrollees will not be liable for its debts. The entity/insurer must guarantee to the Administration that the premium constitutes payment in full for the benefits under the program and that participating providers and/or their subcontractors cannot collect any additional amount from the beneficiaries.

TN 94-1
Supersedes
TN No. **New**

Approval Date APR 19 1994
Effective Date JAN 1 - 1994

PR Submission Package PR2023MS00020 (PR 23 0002) Eligibility

[VIEW PRINT PREVIEW](#)

Summary **Reviewable Units** Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

[← All Reviewable Units](#)

[← Submission - Tribal Input](#) | [Infants and Children under Age 19 - Territories →](#)

[View Compare Doc](#)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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

[Download Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	PR2023MS00020	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	/9/ 02
Approval Date	6/7/2023	Effective Date	1/1/2023
Superseded SPA ID	NEW		
	User-Entered		

[View Implementation Guide](#)

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 spousal 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="checkbox"/>	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

PR Submission Package PR2023MS0002O (PR 23 0002) Eligibility

[VIEW PRINT PREVIEW](#)

- Summary
- Reviewable Units**
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

[← All Reviewable Units](#)

[← Mandatory Eligibility Groups](#) | [Parents and Other Caretaker Relatives →](#)

[View Compare Doc](#)

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.

[Download Pell Check Instructions](#) | [Request System Help](#)

CMS 10434 OMB 0938 1188

Not Started

In Progress

Complete

Package Header

Package ID	PR 02 M 0002O	PA ID	PR 000
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	6/7/2023	Effective Date	1/1/2023
Superseded SPA ID	PR 13-006		
	User-Entered		

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[VIEW ALL RESPONSE](#)

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 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 0938-1138. 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.

PR Submission Package PR2023MS0002O (PR 23 0002) Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | 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

Package Header

Package ID	PR2023MS0002O	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	1/9/02
Approval Date	6/7/2023	Effective Date	1/1/2023
Superseded SPA ID	PR 13-006		
	User Entered		

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 | PR2023MS00020 | PR-23-0002

Package Header

Package ID PR2023MS00020	SPA ID PR-23-0002
Submission Type Official	Initial Submission Date /9/ 02
Approval Date 6/7/2023	Effective Date 1/1/2023
Superseded SPA ID PR 13-006	
User Entered	

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 | PR2023MS00020 | PR-23-0002

Package Header

Package ID PR2023MS00020	SPA ID PR-23-0002
Submission Type Official	Initial Submission Date /9/ 02
Approval Date 6/7/2023	Effective Date 1/1/2023
Superseded SPA ID PR 13-006	
User Entered	

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 tandards
- 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

Package Header

Package ID	PR2023MS0002O	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	3/9/2023
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Superseded SPA ID	PR 13-006		
	User-Entered		

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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PR Submission Package PR2023MS00020 (PR 23 0002) Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

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

Package Header

Package ID	PR2023MS00020	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	1/9/02
Approval Date	6/7/2023	Effective Date	1/1/2023
Superseded SPA ID	PR 13-006		
	User Entered		

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

Package Header

Package ID PR2023MS0002O
Submission Type Official
Approval Date 6/7/2023
Superseded SPA ID PR 13-006
User Entered

SPA ID PR-23-0002
Initial Submission Date /9/ 02
Effective Date 1/1/2023

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 | PR2023MS00020 | PR-23-0002

Package Header

Package ID PR2023MS00020	SPA ID PR-23-0002
Submission Type Official	Initial Submission Date /9/ 02
Approval Date 6/7/2023	Effective Date 1/1/2023
Superseded SPA ID PR 13-006	
User Entered	

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

Package Header

Package ID PR2023MS0002O	SPA ID PR-23-0002
Submission Type Official	Initial Submission Date 3/9/2023
Approval Date 6/7/2023	Effective Date 1/1/2023
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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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PR Submission Package PR2023MS0002O (PR 23 0002) Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | 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

Package Header

Package ID	PR2023MS0002O	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	19/ 02
Approval Date	6/7/2023	Effective Date	<u>1/1/2023</u>
Superseded SPA ID	PR 92-04		
	User-Entered		

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

A. Characteristics

1. A child qualifies under this group provided the birth mother meets one of the following requirements for the date of the child's birth:
 - a. 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
 - b. 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)
2. Individuals may not be required to file an application for this group.

Deemed Newborns

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

Package Header

Package ID PR2023MS00020	SPA ID PR-23-0002
Submission Type Official	Initial Submission Date /9/ 02
Approval Date 6/7/2023	Effective Date 1/1/2023
Superseded SPA ID PR 92-04	
User Entered	

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

Package Header

Package ID	PR2023MS0002O	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	/9/ 02
Approval Date	6/7/2023	Effective Date	1/1/2023
Superseded SPA ID	PR 92-04		
	User Entered		

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 | PR2023MS0002O | PR-23-0002

Package Header

Package ID PR2023MS0002O
Submission Type Official
Approval Date 6/7/2023
Superseded SPA ID PR 92-04
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SPA ID PR-23-0002
Initial Submission Date 3/9/2023
Effective Date 1/1/2023

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 0938-1138. 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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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.

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID PR2023MS0002O

SPA ID PR-23-0002

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Initial Submission Date 3/9/2023

Approval Date 6/7/ 0

Effective Date 1/1/ 02

Superseded SPA ID PR 92-02

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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](#)

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

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | 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	PR2023MS0002O	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	1/9/02
Approval Date	6/7/2023	Effective Date	1/1/2023
Superseded SPA ID	PR 13-006		
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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:

1. Are under age 26
2. 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:

- a. 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:
 - i. 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
 - ii. 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:

- a. 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:
 - i. 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
 - ii. 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

Package Header

Package ID	PR2023MS00020	SPA ID	PR-23-0002
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D. 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, Attention: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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PR Submission Package PR2023MS0002O (PR 23 0002) Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0002O | 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

Complete

Package Header

Package ID	PR2023MS0002O	SPA ID	PR-23-0002
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	6/7/20	Effective Date	1/1/02
Superseded SPA ID	PR 14-002		
	User-Entered		

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

Package Header

Package ID	PR 0 M 000 O	PA ID	PR 000
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

E. Additional Information (optional)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

Territory: PUERTO RICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
1902(e)(5) of the Act	7. A woman who, while pregnant, was eligible and applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance for a 60-day period (beginning on the last day of pregnancy) and for any remaining days in the month in which the 60th day falls.

TN No. 92-4 Approval Date OCT 8 1992 Effective Date JUL 1-1992
Supersedes
TN No. 92-2

Revision:

ATTACHMENT 2.2-A

Page 6a

OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

Agency	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required</u>
		<u>Special Groups (Continued)</u>
	1902(a)(10)(A)(i)(VIII) 1902(k)(2)	<p>13. Option to Provide Coverage to the Lowest Income Population that Becomes Mandatory in 2014.</p> <p>Individuals who are under 65 years of age, not pregnant, not entitled to, or enrolled for, benefits under Part A of title XVIII, or enrolled for benefits under Part B of title XVIII, and not described in 1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII) of the Act.</p> <p><input checked="" type="checkbox"/> The agency elects to make individuals described above eligible under the early option set forth in section 1902(k)(2) of the Act. The effective date for coverage of this group under the early option is <u>July 1, 2011</u> (cannot be earlier than April 1, 2010).</p> <p>The income standard applicable to individuals eligible under this early option is <u>133% of PRPL</u> (cannot exceed 133 percent of FPL).</p> <p>NOTE: No resource test is applicable to this group.</p>

Transmittal No.: 13-005

Effective Date: December 31, 2013

Supersedes TN No.: 11-002

Approval Date: DECEMBER 24, 2014

OFFICIAL

TERRITORY : Puerto Rico

Agency Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

In determining whether an individual's income is at or below the Territory's income standard for this group, the Territory will use the following methodology:

Choose One:

- The income rules applicable to the aged, blind and disabled.
- The income rules applicable to the aged, blind and disabled, and the following less restrictive income disregards and exclusions than are applicable to the aged, blind and disabled.
- A methodology based on rules other than those applicable to the aged, blind and disabled. The methodology the Territory will use is described below.

Puerto Rico's methodology for determining whether an individual meets the income requirements is made in accordance with the Puerto Rico Medicaid Regulation. Individuals are instructed to bring certain documentation related to their income when applying for Medicaid benefits.

The Medicaid Office considers the following types of income that is available or will be

TN No: 11-002

Approval Date APR 26 2012

Effective Date JUL 01 2011

Supersedes TN No. _____

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-_____. The time required to complete this information collection is estimated to average 2 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.

CMS - _____ (mm/yyyy)

OFFICIAL

TERRITORY : Puerto Rico

Agency Citation(s)

Groups Covered

available in the next twelve (12) months: (i) wages, (ii) pensions, (iii) financial assistance from relatives living outside the home, (iv) business profits, (v) dividends and interest, (vi) income derived from renting property, (vii) lottery earnings, (viii) money obtained from livestock, (ix) unemployment compensation, (x) worker's compensation, (xi) compensation from the Insurance Fund Corporation of the State, (xii) non-occupational temporary disability insurance from the Department of Labor and Human Resources, and (xiii) any other amount of money received regularly that is not exempt (as described below). The Medicaid Office also makes certain deductions from the total income. Specifically (a) \$10 for each child attending school, (b) the amount of expenses for regular assistance for persons living outside the home for which the individual is legally responsible, and (c) the monthly amount paid for supplemental health insurance for any member of the family unit.

The following income is exempt from income eligibility determinations: (i) special monthly pension as certified from the veterans administration, (ii) TANF income, (iii) loans under Title III of the Economic Opportunity Act, (iv) income earned by children under 14 years old, (v) stipends received from volunteer programs (vi) Christmas bonus, (vii) income earned by employees from Vespra or Vista Programs, (viii) Nutrition Assistance Program benefits, (ix) revenue from grants and student loans, (x) any help received from civic clubs such as Rotary or Lions Club or other entities, (xi) the payment of thirty dollars (\$30) by way of monthly incentive payments to cover the expenses of the participants assigned training activities of the Workforce Investment Act (WIA), (xii) monetary gifts, (xiii) loan disbursements that are unavailable for use, (xiv) disaster relief aid, (xv) the insurance payments for end of life and burial services, (xvi) returns of income tax paid in excess, (xvii) the value of harvested food for consumption by the household, (xviii) amounts paid by the Department of Family to foster parents for the care of minors subsidies, (xix) amounts paid to individuals and / or families through the Federal Housing Program, (xxi) income received from insurance plans for living expenses while in the hospital, (xxii) court-ordered amounts that are held for a child, and (xxiii) incentives, subsidies and supplements to receive the applicant or participant to a farmer for use in the harvest.

TN No: 11-002

Approval Date APR 26 2012

Effective Date JUL 01 2011

Supersedes TN No. _____

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-_____. The time required to complete this information collection is estimated to average 2 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.

CMS - _____ (mm/yyyy)

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy (Continued)</u>
1902(e)(4) of the Act	8. A child born to a woman who is eligible for and receiving Medicaid on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would have remained eligible if still pregnant and the child remains in the same household as the mother.
1902(e)(6)	9. A pregnant woman who would otherwise lose eligibility during the pregnancy or the postpartum period because of an increase in income.
	B. <u>Optional Groups Other Than the Medically Needy</u>
42 CFR 436.210	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of OAA, AB, APTD, AABD, but who do not receive cash assistance.
	<input checked="" type="checkbox"/> The State covers all individuals as described above.
	<input type="checkbox"/> The State covers only the following group or groups of individuals:
	<input type="checkbox"/> Aged
	<input type="checkbox"/> Blind
	<input type="checkbox"/> Disabled
	<input type="checkbox"/> Caretaker relatives
	<input type="checkbox"/> Pregnant women
1902(a)(10) (A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/> 2. Individuals <u>who</u> would be eligible for OAA, AB, APTD, AABD if they were not in a medical institution.
42 CFR 436.211	<input checked="" type="checkbox"/> The State covers all individuals as described above.

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-4

TN No. 92-4 Approval Date OCT 8 1992 Effective Date JUL 1 - 1992
Supersedes
TN No. 92-2

OFFICIAL

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

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Page 8
OMB No.: 0938-

Territory: Puerto Rico

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other than Medically Needy (Continued)

3. ~~Individuals~~ who would be eligible for OAA, AB, APTD, AABD, if coverage under the State's plan for these programs were as broad as permitted under the Act:

- Individuals meeting a broader definition of permanent and total disability.
- Individuals meeting a broader definition of blindness.
- Others, as specified below:

TN No. 92-2
Supersedes 87-1
TN No. 87-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-2

OFFICIAL

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

ATTACHMENT 2.2-A
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OMB No.: 0938-

Territory: Puerto Rico

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other than Medically Needy (Continued)

1902(e)(2)
of the Act,
P.L. 99-272
(Sec. 9517)
and P.L.
100-203
(Sec. 4113(d))

4. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or section 1903(m)(6) of the Act., but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is _____ (not to exceed six months).

The State measures the minimum enrollment period from:

The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

TN No. 92-2
Supersedes
TN No. 87-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

State/Territory: Puerto Rico

Agency*	Citation(s)	Groups Covered
1634(d) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

— In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.

— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual

Not Applicable

*Agency that determines eligibility for coverage.

TN No. 92-10

Supersedes
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

State: [Puerto Rico]

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & []
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L. 101-508
(section 4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

The State elects not to guarantee eligibility.

The State elects to guarantee eligibility.
The minimum enrollment period is _____ months
(not to exceed six).

The State measures the minimum enrollment period from:

- The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

Not Applicable

TN # 03-09
Supersedes TN # 92-10

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

State:	[Puerto Rico]	
Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than Medically Needy
continued)

1932(a)(4) of Act

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56 .

This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of ___ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

___ No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

x Not Applicable

TN # 03-03
Supersedes TN # 92-10

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

OFFICIAL

State/Territory: Puerto Rico

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

Not Applicable

*Agency that determines eligibility for coverage.

TN No. 92-10 Approval Date OCT 14 1992 Effective Date JUL 1 1992
Supersedes
TN No. 92-2

HCFA ID: 7983E

OFFICIAL

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

ATTACHMENT 2.2-A
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OMB No.: 0938-

Territory: Puerto Rico

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
Continued

1902(a) (10)(A)(ii) (V) of the Act	7. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to <u>Attachment 2.6-A</u> .
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— The State covers all individuals as described above.

— The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of—
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

TN No. <u>92-2</u>	Approval Date <u>MAY 1 1992</u>	Effective Date <u>JAN 1 - 1992</u>
Supersedes		
TN No. <u>88-1</u>		HCFA ID: 7984E

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-2

OFFICIAL

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

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OMB No.: 0938-

Territory: Puerto Rico

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR
436.230

X

11. Essential spouse of a recipient of:

X OAA

X AB

X APTD

X AABD

DOH

Spouse is living with and determined essential to the well being of the recipient of OAA, AB, APTD, or AABD, and his (her) needs are taken into consideration in determining the amount of financial assistance.

TN No. 92-2

Supersedes 88-1

TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014

Transmittal No: 92-2

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(X) and
1902(m)(1) & (2)
of the Act.

14. Individuals--

- a. Who are 65 years old or older or are disabled as determined under section 1614 of the Act;
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI or under the State's medically needy program.

NOT APPLICABLE

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-4

TN No. 92-4 Approval Date OCT 8 1992 Effective Date JUL 1-1992
Supersedes
TN No. 92-2

OFFICIAL

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

ATTACHMENT 2.2-A
Page 19
OMB No.: 0938-

Territory: Puerto Rico

Agency* Citation(s) Groups Covered

C. Optional Coverage - Medically Needy

42 CFR 436.301 This plan includes the medically needy.

No.

Yes. This plan covers:

- 1902(a)(10)
(C)(ii)(II)
of the Act
1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
- 1902(e) of the Act
2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the day the pregnancy ends. These women continue to remain eligible, as though they were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of pregnancy) and for any remaining days in the month in which the 60th day falls.
- 1902(a)(10)
(C)(ii)(I)
of the Act
3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 92-2
Supersedes
TN No. **New**

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

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

OFFICIAL

ATTACHMENT 2.2-A
Page 21
OMB No.: 0938-

Territory: Puerto Rico

Agency* Citation(s) Groups Covered

C. Optional Coverage - Medically Needy (Continued)

b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

- ___ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - ___ (a) In foster homes (and are under the age of _____).
 - ___ (b) In private institutions (and are under the age of _____).
 - ___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).

TN No. 92-2 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
Supersede **New**
TN No. HCFA ID: 7984E

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

ATTACHMENT 2.2-A
Page 22
OMB No.: 0938-

Territory: Puerto Rico

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage - Medically Needy (Continued)

- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- (4)* In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other denied groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

DOH	42 CFR 436.310	<input checked="" type="checkbox"/>	6. Caretaker Relatives.
	42 CFR 436.320	<input checked="" type="checkbox"/>	7. Aged Individuals.
	42 CFR 436.321	<input checked="" type="checkbox"/>	8. Blind Individuals.
	42 CFR 436.322	<input checked="" type="checkbox"/>	9. Disabled Individuals.

TN No. <u>92-2</u>	Approval Date <u>MAY 1 1992</u>	Effective Date <u>JAN 1 - 1992</u>
Superseded New		
TN No.		HCFA ID: 7984E

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

ATTACHMENT 2.2-A
Page 23

Territory: Puerto Rico

Agency*	Citation(s)	Groups Covered
		D. <u>Optional Coverage - Qualified Medicare Beneficiaries</u>

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

- Qualified Medicare Beneficiaries--
1. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
 2. Whose income does not exceed the percent of the Federal poverty level specified in Supplement 1 to ATTACHMENT 2.6-A ; and
 3. Whose resources do not exceed twice the maximum standard under SSI.

1905(p)(3)
of the Act

(Medical assistance for this group is limited to Medicare cost-sharing as defined in section 1905(p)(3) of the Act).

Not Applicable

OFFICIAL

Revision: HCFA-PM-91-8. (MB)
October 1991

ATTACHMENT 2.2-A
Page 23a
OMB NO.:

State/Territory: PUERTO RICO

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | |
|--|--|
| 1906 of the Act | 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>12</u> months. |
| 1902(a)(10)(F) and 1902(u)(1) of the Act | 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A. |

Not Applicable

TN No. <u>92-8</u>	Approval Date <u>OCT 14 1992</u>	Effective Date <u>JUL 1 1992</u>
Supercedes		HCFA ID: 7982E
TN No. <u>New</u>		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation (s)

Groups Covered

- f. have family income at or below:
200 percent of the Federal poverty level for the size family
involved, as revised annually in the Federal Register or

A percentage of the Federal poverty level, which is in excess of
the "Medicaid applicable income level" (as defined in §2110 (b)
(4) of the Act) but no more than 50 percentage points.

1902(a)(10)(A)(ii)(XIV)
42 CFR 436.229

The State covers:

- All children described above who are under age 19 (18, 19)
with family income at or below 200% of the PRPL (see
Attachment 2.2-A, page 23e).
- The following reasonable classification of children described
above who are under age (18,19) with family income at
or below the percent of the Federal poverty level specified
for the classification:

Transmittal No.: 13-005

Effective Date: December 31, 2013

Supersedes TN No.: 98-001

Approval Date: DECEMBER 24, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation (s)

Groups Covered

USED TO ESTABLISH COUNTABLE INCOME AND RESOURCES).

1902 (e) (12)
of the Act

Not applicable

___ 20. A child under age ___ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of ___ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 98-001

TN # 98-001

Approval Date

JUN 24 1998

Supersedes

TN#

Now

Effective Date

JAN 1 1998

OFFICIAL

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

Territory: Puerto Rico

Agency*	Citation(s)	Groups Covered
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E. Optional Coverage - Qualified Disabled and Working Individuals

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

- ___ Qualified disabled and working individuals--
1. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
 2. Whose income does not exceed 200 percent of the Federal poverty level; and
 3. Whose resources do not exceed twice the maximum standard under SSI.
 4. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

1905(p)(3)(A)(i)

(Medical assistance for this group is limited to cost-sharing as defined in section 1905(p)(3)(A)(i) of the Act.)

F. Optional Coverage - Specified Low-Income Medicare Beneficiaries

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

- ___ Specified low-income Medicare beneficiaries--
1. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 2. Whose income for calendar years beginning 1993 exceeds the percent of the Federal poverty level in D. 2., but is less than the percentage of the Federal poverty level specified in Supplement 1 to ATTACHMENT 2.6-A;
 3. Whose resources do not exceed twice the maximum standard under SSI.

1905(p)(3)(a)(ii)
of the Act

(Medical assistance for this group is limited to cost-sharing as defined in section 1905(p)(3)(A)(ii) of the Act.)

Not Applicable

Revision: HCFA-PM-91-8

(BPD)

OFFICIAL

ATTACHMENT 2.2-A

October 1991

Page 26a

OMB NO.: 0938-

State: PUERTO RICO

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 12 months.

TN 92-8 Approval Date OCT 14 1992

Supersedes TN New Effective Date JUL 1 1992

Revision: HCFA-PH-85-3 (BERC)
MAY 1985

SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Puerto Rico

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

TM No. 85-2
Supersedes
TM No. 82-7

Approval Date JUN. 19 1986

Effective Date JUL. 1 1985

HCFA ID: 0022P/0002P

OFFICIAL

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 2 TO ATTACHMENT 2.2-A
Page 1
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

A. DEFINITION OF BLINDNESS IN TERMS OF OPHTHALMIC MEASUREMENT

An individual is considered blind if he has central visual acuity of 20/200 or less in the better eye with correcting glasses or a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance of no greater than 20°.

*Agency that determines eligibility for coverage.

TN No. 58-1
Supersedes
TN No. New

Approval Date OCT 20 1989

Effective Date 4/1/88

OFFICIAL

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 2 TO ATTACHMENT 2.2-A
Page 2
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

B. DEFINITION OF PERMANENT AND TOTAL DISABILITY

" Permanently and totally disabled" means that the individual has some permanent physical or mental impediment disease or loss, or combination thereof, that substantially precludes him from engaging in useful occupations within his competence, such as holding a job.

*Agency that determines eligibility for coverage.

TN No. 85-1
Supersedes
TN No. NEW

Approval Date OCT 20 1988

Effective Date 4/1/88

1989

OFFICIAL

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

SUPPLEMENT 3 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

Not Applicable

TN No. 92-2

Supersedes

TN No. **New**

Approval Date

MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7983E

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID PR2023MS0001O
Submission Type Official
Approval Date 5/24/2023
Superseded SPA ID N/A

SPA ID PR-23-0001
Initial Submission Date /9/ 02
Effective Date N/A

SPA ID and Effective Date

PA ID PR 0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Income Standards - AFDC-related - Territories	1/1/2023	PR-22-0004
Income Standards - Poverty Level - Territories	1/1/2023	PR-22-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	/9/ 02
Approval Date	5/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment is establishing the AFDC income standards and the local poverty level for the Puerto Rico Medicaid Program.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	02	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

Social Security Act, Sec. 1902(e)(14); 42 CFR 435; 42 CFR 435.603

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00010 | PR-23-0001

Package Header

Package ID	PR2023MS00010	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	5/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Delegated to the State Medicaid Director.

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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PR Submission Package PR2023MS0001O (PR 23 0001) Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR 23 0001

CMS-10434 OMB 0938-1188

Package Header

Package ID PR2023MS0001O	SPA ID PR-23-0001
Submission Type Official	Initial Submission Date 3/9/2023
Approval Date / / 0	Effective Date 1/1/ 02
Superseded SPA ID PR-22-0004	
User-Entered	

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

Statewide standard

The statewide standard is

Household size	Standard
1	\$37.00
2	\$70.00
	\$10 00
4	\$135.00
5	\$168.00
6	\$201.00
7	\$234.00
	\$ 67 00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$36.00

The dollar amounts increase automatically each year

Yes No

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID PR2023MS0001O
Submission Type Official
Approval Date 5/24/2023
Superseded SPA ID PR-22-0004

SPA ID PR-23-0001
Initial Submission Date /9/ 02
Effective Date 1/1/2023

User Entered

B. AFDC Payment Standard in Effect As of July 16, 1996

Statewide standard

The statewide standard is:

Household size	Standard
1	\$32.00
2	\$64.00
3	\$96.00
4	\$128.00
	\$160.00
6	\$192.00
7	\$224.00
	\$ 6.00

The state uses an additional incremental amount for larger household sizes.

Yes No

Incremental Amount

\$32.00

The dollar amounts increase automatically each year

Yes No

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID PR2023MS0001O	SPA ID PR-23-0001
Submission Type Official	Initial Submission Date /9/ 02
Approval Date 5/24/2023	Effective Date 1/1/2023
Superseded SPA ID PR-22-0004	
User Entered	

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

Statewide standard

The statewide standard is:

Household size	Standard
1	\$N/A

The state uses an additional incremental amount for larger household sizes.

Yes No

The dollar amounts increase automatically each year

Yes No

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	5/24/2023	Effective Date	1/1/2023
Superseded SPA ID	PR-22-0004		
	User-Entered		

D. AFDC Need Standard in Effect As of July 16, 1996

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	5/24/2023	Effective Date	1/1/2023
Superseded SPA ID	PR-22-0004		
	User-Entered		

E. 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 Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	5/24/2023	Effective Date	1/1/2023
Superseded SPA ID	PR-22-0004		
	User-Entered		

F. 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 Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023M50001O | PR-23-0001

Package Header

Package ID	PR2023M50001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	/9/ 02
Approval Date	5/24/2023	Effective Date	1/1/2023
Superseded SPA ID	PR-22-0004		
	User Entered		

G. TANF payment standard

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	/9/ 02
Approval Date	5/24/2023	Effective Date	1/1/2023
Superseded SPA ID	PR-22-0004		
	User Entered		

H. MAGI-equivalent TANF payment standard

Income Standards - AFDC-related - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	3/9/2023
Approval Date	5/24/2023	Effective Date	1/1/2023
Superseded SPA ID	PR-22-0004		
	User-Entered		

I. 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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PR Submission Package PR2023MS0001O (PR 23 0001) Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Income Standards - Poverty Level - Territories

MEDICAID | Med ca d State Plan | Elig b l ty | PR2023MS0001O | PR 23 0001

CMS-10434 OMB 0938-1188

Package Header

Package ID PR2023MS0001O	SPA ID PR-23-0001
Submission Type Official	Initial Submission Date 3/9/2023
Approval Date / / 0	Effective Date 1/1/ 02
Superseded SPA ID PR-22-0004	
User-Entered	

A. Territory Poverty Level

The poverty level used by the territory is:

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

Household Size	Amount
1	\$96 00
2	\$1297.00
3	\$1631.00
4	\$1966 00
5	\$2300.00
6	\$2634.00
7	\$2969.00
8	\$3303.00
9	\$ 6 700
10	\$3972.00
11	\$4306.00
12	\$4640.00
13	\$4975.00
14	\$ 09 00
15	\$5643.00
16	\$5978.00
17	\$6312.00
18	\$6646.00

b The amounts above are related to the following time period

- Monthly

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

Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0001O | PR-23-0001

Package Header

Package ID	PR2023MS0001O	SPA ID	PR-23-0001
Submission Type	Official	Initial Submission Date	/9/ 02
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Superseded SPA ID	PR-22-0004		
	User Entered		

B. Additional Information (optional)

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

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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
42.CFR Part 436, Subpart G <u>X</u>	A. Each individual covered under the plan meets the following conditions: 1. Is financially eligible to receive services.
42.CFR Part 436, Subpart F	2. Meets the applicable non-financial eligibility conditions.
1902(l) of the Act	a. (i) Except as specified under items A.2.a.(ii) and (iii) below, for categorically needy individuals, (ii) For pregnant women and infants or children with incomes up to a percentage of the Federal poverty level covered as optional groups under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
Not Applicable	
1902(m) of the Act	(iii) For aged and disabled individuals with incomes up to the Federal poverty level covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.
Not Applicable	

TN No. 92-2
Supersedes
TN No. 88-1

MAY 1 1992

Approval Date

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Transmittal No: 13-006 Effective Date: 01/01/2014
Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-2

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

ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Territory: PUERTO RICO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
1905(p) of the Act	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 436.
1905(s) of the Act	c. For qualified Medicare beneficiaries, meets the non-financial criteria of section 1905(p) of the Act.
1902(A)(10)(E)(iii) of the Act	d. For qualified disabled and working individuals, meets the non-financial criteria of section 1905(s).
	e. For specified low-income Medicare beneficiaries, meets the non-financial criteria of section 1905(p) of the Act.

Not Applicable

OFFICIAL

Territory: Puerto Rico

Citation

Condition or Requirement

42.CFR
436.402

3. Is residing in the United States and --

a. Is a citizen;

Sec. 245A of the
Immigration and

b. Is an alien lawfully admitted for permanent residence, or otherwise permanently residing Nationality Act in the United States under color or law, as defined in 42 CFR 435.408;

1902(a) and 1903(v)
of the Act, P.L.
99-509 (Section 9406)
Sec. 245A(h)(3)(B) of
the Immigration and

c. Is an alien granted lawful temporary resident status under sections 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, Nationality Act under 18 years of age, or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of Public Law 96-422;

d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted eligibility); or

e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).

P.L. 99-603
(Section 201)

f. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color or law.

TN No. 92-2
Supersedes 91-1 Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

State/Territory: Puerto Rico

Citation	Condition or Requirement
42 CFR 435.1008 <u>436.1004</u>	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 <u>436.1004</u> 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input checked="" type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. 92-8 Approval Date OCT 14 1992 Effective Date JUL 1 1992
Supersedes
TN No. New HCFA ID: 7985E

State/Territory: Puerto Rico

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

// Assignment of rights is automatic because of State law.

42 CFR ~~435-910~~ ⁴³⁶⁻⁹⁰¹

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. 92-8

Supersedes

TN No. New

Approval Date

OCT 14 1992

Effective Date

JUL 1 1992

HCFA ID: 7985E

State/Territory: Puerto Rico

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 92-8
Supersedes
TN No. New

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: 7985E

Territory: Puerto Rico

Citation	Condition or Requirement
42 CFR 436.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address. ___ State has interstate residency agreement with the following States: ___ State has open agreement(s). ___ Not applicable; no residency requirement.
42.CFR 436.1004 1905(a) of the Act.	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions. b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredit psychiatric facility or program. _X Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided unde the plan.

TN No. 72-2
Supersedes
TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Territory: Puerto Rico

Citation	Condition or Requirement
42 CFR 433.145 and 436.604 1912 of the Act	6. Is required, as a condition of eligibility, to assign rights to medical support and to payment for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met. — Assignment of rights is automatic because of State law.
42 CFR 436.901	7. Is required, as a condition of eligibility, to and 435.910 furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. 92-2

Supersedes

TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Transmittal No: 13-006 Effective Date: 01/01/2014

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Transmittal No: 92-2

OFFICIAL

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

ATTACHMENT 2.6-A
Page 6
OMB No.: 0938-

Territory: Puerto Rico

Citation _____ Condition or Requirement _____

B. Post-Eligibility Treatment of Institutionalized Individuals

42.CFR
436.832

Required deductions.

The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:

1. Personal Needs Allowance. \$60 . Couple
2. For maintenance of the non-institutionalized spouse only. \$30 . Individual
\$ 32.00
3. For non-institutionalized children, each family member.
\$ 32.00
4. Amounts for incurred medical expenses not subject to payment by a third party.
 - a. Health insurance premiums, deductibles and coinsurance charges.
 - b. Necessary medical or remedial care not covered under the Medicaid plan. (Reasonable limits on amounts are described in Supplement 2 to ATTACHMENT 2.6-A).
5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within the period.

Yes. Amount for maintenance of home \$ _____

No.

TN No. 92-2
Supersedes _____
TN No. 88-1
Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

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

ATTACHMENT 2.6-A
Page 7

Territory: Puerto Rico

Citation	Condition or Requirement
1902(1) of the Act	<p>6. Benefits paid under AB, APTD, or AABD to blind or disabled individuals during the initial 2 months in which the individuals receive care in a hospital, SNF, or ICF if the individuals are allowed to retain the benefits under agreement with the facility; or during a temporary stay in a hospital, SNF, or ICF, if it is determined that the individuals' stay is not likely to exceed 3 months and they must continue to maintain a home to which they may return upon leaving the institution.</p>
	<p>C. Financial Eligibility - Categorically and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries</p>
	<p>1. Categorically Needy Income Levels</p>
	<p>a. For categorically needy groups other than those specified in items C.1.b. and c. below, the financial eligibility income levels for the related cash assistance programs are applied.</p>
	<p>b. Supplement 1 to ATTACHMENT 2.6 specifies the income eligibility levels for the following groups of individuals with incomes related to the Federal income poverty line:</p>

Territory: Puerto Rico

Citation

Condition or Requirement

1902(m) of the Act

(ii) Optional categorically needy groups of aged and disabled individuals covered under the provisions of section 1902(a)(10)(A)(ii)(X) of the Act; and

1905(p)(4) of the Act

(iii) Optional groups of qualified Medicare beneficiaries under the provisions of section 1902(a)(10)(E)(i) of the Act.

1905(p)(4) of the Act

(iv) Optional groups of specified low-income Medicare beneficiaries under the provisions of section 1902(a)(10)(E)(iii) of the Act.

1905(p)(4) of the Act

c. For optional groups of qualified disabled and working individuals, the financial eligibility income levels specified in section 1905(s) of the Act are applied.

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 93-5

TN No. 93-5 Supersedes TN No. 92-2 Approval Date JAN 11 1994 Effective Date JUL 1 - 1993

Territory: Puerto Rico

Citation	Condition or Requirement
1902(a)(10), 1902(a)(17), and 1902(r)(2) of the Act	<p>2. Income and Resources Methodologies - Categorically Needy and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low- Income Medicare Beneficiaries.</p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income and resources for AFDC-related individuals, the following methods are used:</p> <p><u>X</u> (a) The methods under the State's approved AFDC plan only; or</p> <p>_____ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 5 to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents under the children become 21.</p>

OFFICIAL

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

ATTACHMENT 2.6-A
Page 10
OMB No.: 0938-

Territory: Puerto Rico

Citation

Condition or Requirement

b. Aged, Blind and Disabled Individuals. For aged, blind, and disabled individuals, including aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency uses the following methods for determining countable income and resources:

- (1) The methods of the appropriate cash assistance program only; or
- (2) The methods of the appropriate cash assistance program and/or more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.

TN No. 92-2
Supersedes
TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day person after her pregnancy ends and any remaining days in the month in which the 60th day falls.

NOT APPLICABLE

Transmittal No: 13-006 Effective Date: 01/01/2014

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Transmittal No: 92-4

TN No. 92-4 Approval Date OCT 8 1992 Effective Date JUL 1- 1992
Supersedes
TN No. 92-2

OFFICIAL

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 12b
OMB No.:

State/Territory: PUERTO RICO

Citation	Condition or Requirement
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1902(u)
of the Act

(h) COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- _____ The disregards of the SSI program;
- _____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

NOT APPLICABLE

TN No. 92-8 Approval Date OCT 14 1992 Effective Date JUL 1 1992
Supersedes New
TN No. _____ HCFA ID: 7985E

FEBRUARY 1992

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

1902(e)(6)
of the Act

f. In determining the income of pregnant women, the agency disregards all increases in income throughout the pregnancy and the postpartum period.

NOT APPLICABLE

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Transmittal No: 92-4

TN No. 92-4 Approval Date OCT 8 1992 Effective Date JUL 1- 1992
Supersedes
TN No. New

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

ATTACHMENT 2.6-A
Page 14

Territory: Puerto Rico

Citation	Condition or Requirement
1905(p)(1)(C) and (D) and 1902(r)(2) of the Act	<p>g. For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the agency uses the following methods for treatment of income and resources--</p> <ul style="list-style-type: none">___ The methods used under the SSI program.___ The methods used under SSI program and/or more liberal methods described in <u>Supplements 5 and 6 of ATTACHMENT 2.6-A.</u>
1905(s) of the Act	<p>h. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses the methods under the SSI program for treatment of income and resources.</p>
1902(a)(10)(E)(iii) of the Act	<p>i. For specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the agency uses the same methods as in g. for QMBs.</p>

Not Applicable

TN No. 93-5 Approval Date JAN 11 1994 Effective Date JUL 1 - 1993
Supersedes
TN No. 92-4

Revision: HCFA-PM-91-8 (MB)
October 1991

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OFFICIAL

State/Territory: PUERTO RICO

Citation	Condition or Requirement
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1903(f)(2) of the Act	a. <u>Medically Needy (Continued)</u> (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.
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NOT APPLICABLE

TN No. <u>92-8</u> Superseded TN No. <u>New</u>	Approval Date <u>OCT 14 1992</u>	Effective Date <u>JUL 1 1992</u>
		HCFA ID: 7985E/

OFFICIAL

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

ATTACHMENT 2.6-A
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OMB No.: 0938

Territory: Puerto Rico

Citation	Condition or Requirement
1902(k) of the Act	<p data-bbox="631 436 1105 472">3. Medicaid Qualifying Trusts.</p> <p data-bbox="680 478 1588 842">In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p data-bbox="740 848 1528 1001"><input type="checkbox"/> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>

TN No. 92-2
Supersedes _____ Approval Date MAY 1 1992
TN No. **New**

Effective Date JAN 1 - 1992

HCFA ID: 7984E

OFFICIAL

Revision: HCFA-PM-91-8 (MB)
October 1991

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State/Territory: PUERTO RICO

Citation	Condition or Requirement
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4.b. Categorically Needy - Section 1902(f) States
Continued

1903(f)(2) of
the Act

— (6) Spenddown payments made to the State by
the individual.

NOTE: FFP will be reduced to the extent a State is
paid a spenddown payment by the individual.

NOT APPLICABLE

TN No. 92-8
Supersedes
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: 7985E/

OFFICIAL

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

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OMB No.: 0938-

Territory: Puerto Rico

Citation	Condition or Requirement
1902(a)(10)(C) of the Act	<p>4. Medically Needy Income Levels</p> <p>a. Medically needy income levels (MNILs) are based on family size.</p> <p>b. The MNIL does not diminish by family size.</p> <p>c. The MNIL at least equals the amount of the highest income standards used on or after January 1, 1966, to determine eligibility under the cash assistance programs related to the States covered medically needy groups or groups of individuals.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups.</u></p>
42.CFR 436.831	<p>5. Handling of Excess Income - Spend-down for Medically Needy</p> <p>a. Income in excess of the MNIL is considered available for payment of medical care and services. The Medicaid agency measures available income for a period of <u>one</u> month(s) (not to exceed six months) to determine the amount of excess countable income applicable to the cost of medical care and services.</p>

TN No. 92-2
Superseded **New** Approval Date MAY 1 1992
TN No. New

Effective Date JAN 1 - 1992

HCFA ID: 7984E

OFFICIAL

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

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OMB No.: 0938-

Territory: Puerto Rico

Citation

Condition or Requirement

b. If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:

- (i) Health insurance premiums, deductibles and co-insurance charges.
- (ii) Expenses for necessary medical and remedial care not included in the plan.
- (iii) Expenses for necessary medical and remedial care included in the plan.

Reasonable limits on amounts of expenses deducted from income under (b)(i) and (ii) above are listed below.

TN No. 92-2
Supersedes
TN No. **New**

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Territory: Puerto Rico

Citation

Condition or Requirement

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

X The agency elects not to deduct incurred expenses that are paid by a third party that is a program funded by a State or local government under its section 1902(f) option.

6. Resource Standard - Categorically Needy

a. Except as specified in item C.6.b. below, the resource standards are the same as those in the related cash assistance program.

TN No. 92-2
Supersedes New
Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-2

Territory: Puerto Rico

Citation

Condition or Requirement

1902(a)(10)(C)
of the Act

7. Resource Standard - Medically Needy

- a. The resource standard does not diminish by family size.
- b. Resource standard equal to the highest resource standard used in the cash assistance programs related to the covered medically needy groups.

TN No. 92-2
Supersedes
TN No. **New**

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-2

OFFICIAL

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
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OMB No.:

State/Territory: PUERTO RICO

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u> — The methods of the SSI program only. — The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: — The methods of the SSI program only. — More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

NOT APPLICABLE
QUALIFIED MEDICARE
BENEFICIARIES ARE NOT COVERD.

TN No. 92-8
Supersedes

Approval Date OCT 14 1992

Effective Date JUL 1 1992

TN No. 92-2

HCFA ID: 7985E

State/Territory: PUERTO RICO

Citation	Condition or Requirement
6. Resource Standard - Categorically Needy	
a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:	
NOT APPLICABLE	___ Same as SSI resource standards.
	___ More restrictive.
	The resource standards for other individuals are the same as those in the related cash assistance program.
b. Non-1902(f) States (except as specified under items 6.c. and d. below)	
	The resource standards are the same as those in the related cash assistance program.
	Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. 92-8
Supersedes

Approval Date OCT 14 1992

Effective Date JUL 1 1992

TN No. New

HCFA ID: 7985E

MAY 1993

Territory: Puerto Rico

Citation	Condition or Requirement
1905(p)(1)(D) and (p)(2)(B) and 1902(a)(10)(E)(iii) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries</p> <p>For qualified Medicare beneficiaries and specified low-income Medicare beneficiaries covered under sections 1902(a)(10)(E)(i) and 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI resource standard.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard is twice the SSI resource standard.</p>

Not Applicable

State/Territory: PUERTO RICO

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: ____ Twice the SSI resource standard for an individual. ____ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

NOT APPLICABLE

TN No. 92-8 Supersedes New Approval Date OCT 14 1992 Effective Date JUL 1 1992
TN No. New HCFA ID: 7985E

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

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Page 22

Territory: Puerto Rico

Citation

Condition or Requirement

42 CFR
436.901

10. Excess Resources - Categorically Needy and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

11. Effective Date of Eligibility - Categorically and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries.

a. Groups other than qualified Medicare beneficiaries

(i) For the prospective period--

Coverage is available for the full month if the following individuals are eligible at any time during the month.

Aged, blind, disabled.

AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

Aged, blind, disabled.

AFDC-related.

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
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OMB No.:

State/Territory: PUERTO RICO

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual. — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

NOT APPLICABLE

TN No. 92-8
Supersedes

Approval Date OCT 14 1992

Effective Date JUL 1 1992

TN No. New

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

FINANCIAL ELIGIBILITY

Citation(s)	Condition or Requirement
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(ii) For the retroactive period--

Coverage is available for three months before the date of application if the following individuals are eligible.

Aged, blind, disabled.

AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

Aged, blind, disabled.

AFDC-related.

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-4

TN No. <u>92-4</u>	Approval Date <u>OCT 8 1992</u>	Effective Date <u>JUL 1- 1992</u>
Supersedes		
TN No. <u>92-2</u>		

OFFICIAL

Territory: Puerto Rico

Citation	Condition or Requirement
1902(e)(8) and 1905(a) of the Act	b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The determination is valid for-- <input checked="" type="checkbox"/> 12 months <input checked="" type="checkbox"/> 6 months <input checked="" type="checkbox"/> ___ months (no less than 6 months and no more than 12 months).

Not Applicable

TN No. 92-2
Supersedes
TN No. **New**

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Territory: Puerto Rico

INCOME ELIGIBILITY LEVELS

A. CATEGORICALLY NEEDY

Payment Standards for O A A, AB APTD, and AFDC

Family Size	Payment
1	\$64
2	\$64
3	\$96
4	\$128
5	\$160
7 to 12 add. on \$32.	\$192
13 add on \$24	

OFFICIAL

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 4
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on percent of the official Federal income poverty level:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

Not Applicable

TN No. 92-2
Supersedes
Tn No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

OFFICIAL

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: _____

INCOME ELIGIBILITY LEVELS (Continued)

C. OPTIONAL GROUP OF QUALIFIED MEDICARE BENEFICIARIES

The levels for determining income eligibility for qualified Medicare beneficiaries under the provisions of sections 1905(p)(2)(A) and 1905(p)(4) of the Act are based on _____ percent of the official Federal poverty level.

D. OPTIONAL GROUP OF SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES

The levels for determining income eligibility for specified low-income Medicare beneficiaries under the provisions of sections 1905(p)(2)(A) and 1905(p)(4) of the Act are based on _____ percent of the official Federal poverty level.

OFFICIAL

TERRITORY: Puerto Rico

INCOME LEVELS - MEDICALLY NFEDY

X Applicable to all group Applicable to:

(1) Family Size	(2) Net income level protected for Maintenance <input type="checkbox"/> Urban only <input checked="" type="checkbox"/> Urban & rural	(3) Net income level for persons living in rural areas
1	\$ 4,800.00	\$
2	\$ 5,940.00	\$
3	\$ 7,080.00	\$
4	\$ 8,220.00	\$
5	\$ 9,360.00	\$
6	\$ 10,500.00	\$
7	\$ 11,640.00	\$
8	\$ 12,780.00	\$
9	\$ 13,920.00	\$
10	\$ 15,060.00	\$
For each additional person, add: 1,140.00	\$	\$

TN No. 92-3
Supersedes

Approval Date OCT 5 - 1992

Effective Date JUL 1 - 1992

TN No. 92-2

HCFA ID: 0004P/0102A

*per PM 86-20 (PK 81-1)

1a

Revision: HCFA-AT-85-3 (BERC)
FEBRUARY 1985

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

State: _____

PAYMENT STANDARDS FOR OAA, AB, APTD and AFDC

OFFICIAL

<u>FAMILY SIZE</u>	<u>PAYMENT</u>
1	\$32
2	64
3	96
4	128
5	160
6	192
7 to 12	Add on \$32.00
13 on	add \$24

NOTE: Adult and children categories have the same payment standards.

TN No. 85-2
Supersedes
TN No. 82-7

Approval Date JUN. 19 1986

Effective Date JUL. 1 1985

HCFA ID: 0004P/0102A

OFFICIAL

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
OMB No.: 0938-0193

Territory: Puerto Rico

N/A

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

TN No. 88-1
Supersedes
TN No. 85-2

Approval Date

OCT 20 1988
1989

Effective Date

4/1/88

HCFA ID: 2004P/0021P

(WAS Med NEARLY INCOME LEVELS.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

5. Aged and Disabled Individuals and Qualified Medicare Beneficiaries

- Same as resource levels under sections 1612 and 1613 of the Act.
- Same as medically needy resource levels (applicable only if State has a medically needy program).

NOT APPLICABLE

Transmittal No: 13-006 Effective Date: 01/01/2014

Partial Supersedes: Approval Date: 12/24/2014
Transmittal No: 92-4

TN No. 92-4
Supersedes New
TN No. New
Approval Date OCT 8 1992 Effective Date JUL 1 - 1992

Revision: HCFA - CMS
August 2001

(BPD)

SUPPLEMENT 3 TO ATTACHMENT 2.6-A
Page 4
OMB No.: 0938 -

Territory: Puerto Rico

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDED

X Applicable to all groups, regardless of family size.

For each eligible family unit, \$2,500 will be
considered as the sole resource level.

TN No. 01-1
Supersedes
Tn No. 92-2

Approval Date _____

Effective Date _____
HCFA ID: 7984E

TN 01-01 Approval Date NOV 27 2001

Supersedes TN 92-02 Effective Date Jan 01 2001

OFFICIAL

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

SUPPLEMENT 4 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

CONSIDERATION OF MEDICAID QUALIFYING TRUSTS--UNDUE HARDSHIP

1902(k) of the
Act, P.L. 99-272
(Section 9506)

The following criteria will be used to determine whether the agency will not count the funds in a trust as specified in ATTACHMENT 2.6-A, section C.3., because it would work an undue hardship for categorically and medically needy individuals:

Undue Hardship is not a consideration.

TN No. 92-2
Supersedes
Tn No. 87-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

OFFICIAL

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

SUPPLEMENT 5 to ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2)
OF THE ACT

Not Applicable

TN No. 92-2
Supersedes
Tn No. **New**

Approval Date MAY 1 1992

Effective Date JAN 1 - 1993
HCFA ID: 7984E

OFFICIAL

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

SUPPLEMENT 6 to ATTACHMENT 2.6-A
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Territory: Puerto Rico

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2)
OF THE ACT

Not Applicable

TN No. 92-2
Supersedes
Tn No. **Now**

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT

Citation(s)	Provision(s)
42 C.F.R. §436.320	For the Medically Needy Aged, Blind, and Disabled, the amount by which an individual's Medicare Part B premium is reduced through enrollment in a Medicare Advantage Plan is disregarded from income.
42 C.F.R. §436.321	
42 C.F.R. §436.322	
	For all non-MAGI eligibility groups, PRMP disregards from income any otherwise-countable benefits received through the Value-Based Insurance Design (VBID) Model overseen by the Center for Medicare & Medicaid Innovation of the Centers for Medicare & Medicaid Services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT

Non-Modified Adjusted Gross Income (MAGI) Eligibility Evaluation: *						
Income Disregard to Allow Puerto Rico Medicaid Program to Increase the Effective Monthly Income Standard for the Categorically Needy Aged, Blind and Disabled (ABD) Group and All Medically Needy Groups. **						
Eligibility Monthly Income for non-MAGI:						
Optional Medicaid Categorically Needy ABD and Medically Needy All Groups						
Household	Non-MAGI Optional Categorically Needy ABD ***			Non-MAGI Medically Needy All Groups ****		
	Eligibility Monthly Income	Disregard	Effective Monthly Income	Eligibility Monthly Income	Disregard	Effective Monthly Income
Members	\$	\$	\$	\$	\$	\$
1	64	1,264	1,328	400	928	1,328
2	64	1,726	1,790	495	1,295	1,790
3	N/A	N/A	N/A	590	1,661	2,251
4	N/A	N/A	N/A	685	2,028	2,713
5	N/A	N/A	N/A	780	2,394	3,174
6	N/A	N/A	N/A	875	2,760	3,635
7	N/A	N/A	N/A	970	3,127	4,097
8	N/A	N/A	N/A	1,065	3,493	4,558
9	N/A	N/A	N/A	1,160	3,859	5,019
10	N/A	N/A	N/A	1,255	4,226	5,481
11	N/A	N/A	N/A	1,350	4,592	5,942
12	N/A	N/A	N/A	1,445	4,959	6,404
13	N/A	N/A	N/A	1,540	5,325	6,865
14	N/A	N/A	N/A	1,635	5,691	7,326
15	N/A	N/A	N/A	1,730	6,058	7,788
16	N/A	N/A	N/A	1,825	6,424	8,249
17	N/A	N/A	N/A	1,920	6,791	8,711
18	N/A	N/A	N/A	2,015	7,157	9,172
*	The rounding-off dollar rules are applied to the dollar amounts shown in this column. To round, Puerto Rico drops amounts under 50 cents and increases from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.					
**	Puerto Rico disregards each individual's countable earned and unearned monthly income, the amount for the appropriate household size, as described in this Table.					
***	Optional Categorically Needy ABD: 42 C.F.R. §§436.210 and 211					
****	Medically Needy All Groups: 42 C.F.R. §§436.320, 321, 322					

OFFICIAL

Revision: HCFA-PM-91-8
October 1991

(MB)

SUPPLEMENT 11 TO ATTACHMENT 2.6-A

Page 1

OMB No.:

State/Territory: PUERTO RICO

Citation

Condition or Requirement

**COST EFFECTIVENESS METHODOLOGY FOR
COBRA CONTINUATION BENEFICIARIES**

1902(u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- The methodology as described in SMM section 3598.
- Another cost-effective methodology as described below.

TN No. 92-8
Supersedes
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r)(2) OF THE ACT

Citation(s)	Provision(s)
	For medically needy aged, blind and disabled individuals, Puerto Rico will disregard the difference between \$10,000 and the medically needy resource standard.
1902(r)(2) of the Act	For all non-MAGI eligibility groups, PRMP will disregard from resources any otherwise-countable benefits received through the Value-Based Insurance Design (VBID) Model overseen by the Center for Medicare & Medicaid Innovation of the Centers for Medicare & Medicaid Services.

Addendum to
Supplement 9 to Attachment 2.6-A

Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: / Territory: Puerto Rico

Transfer of Resources

1917 c of the Act

For transfer of resources made on or after July 1, 1988 the State is in compliance with provisions of 1917c of the Act as amended by the provisions of the Medicare Catastrophic Coverage Act of 1988, the Family Support Act of 1988 and the Omnibus Reconciliation Act of 1989.

TN NO. 90-3
Supercedes
TN NO. NEW

Approval Date AUG 28 1990
Effective Date APR 01 1990

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The territory covers low income families and children under section 1931 of the Act.
The following groups were included in the AFDC State plan effective July 16, 1996:

- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- In determining eligibility for Medicaid, the territory uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.
- In determining eligibility for Medicaid, the territory uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

The territory applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1998, as follows:

The territory applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

The territory applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

- The territory uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
 1. The territory disregards all countable earned and unearned income equal to the difference between the AFDC standard (see Supplement 1 to Attachment 2.6-A, page 1) and 133% of the PRPL (see Attachment 2.2-A, page 23e).

Transmittal No.:	<u>13-005</u>	Effective Date:	<u>December 31, 2013</u>
Supersedes TN No.:	<u>NEW</u>	Approval Date:	<u>DECEMBER 24, 2014</u>



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PR - 17 - 0001

Expiration date: 10/31/2014

MAGI-Based Income Methodologies

1902(e)(14)
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
 The pregnant woman is counted as herself, plus one.
 The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
 Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
 Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes No



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

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

ATTACHMENT 1 TO MAGI FORM S10
SUPERSEDING PAGES OF STATE PLAN MATERIAL

Transmittal Number:

PR-17-0001

State:

Puerto Rico

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SPA PR-17-0001, MAGI Form S10 and its Attachments, will be insert as Supplement 12 to Attachment 2.6-A in the Medicaid State Plan.

MAGI Form S10 - MAGI Income Methodology and Attachments:

- Attachment 1: Superseding Pages of State Plan Material.
- Attachment 2: MAGI-Based Income Methodologies.
- Attachment 3: CMS approved 1902(e) waiver, letter dated August 5, 2014.

PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

NEW

Notwithstanding any other provisions of the Puerto Rico Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment (SPA) PR-17-0001 will apply to all MAGI-Based Eligibility Groups covered under Puerto Rico's Medicaid State Plan.

The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone, except those individuals described at 42 CFR § 435.603(j) for whom MAGI-Based Methods do not apply.

This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-Based Eligibility Groups.

ATTACHMENT 2 TO MAGI FORM S10
MAGI-BASED INCOME METHODOLOGIES

Transmittal Number:

PR-17-0001

State:

Puerto Rico

Household Composition

- In determining Household Composition, the following provisions are not applicable: 42 CFR §435.603(f)(1), (f)(2), (f)(4), and (f)(5).
- Household Composition for all individuals is defined in accordance with 42 CFR §435.603(f)(3). It means that the Household Composition is established using the "Rules for individuals who neither file a tax return nor are claimed as a tax dependent."

Household Income

- In determining Household Income, the following provisions are not applicable: 42 CFR §435.603(d)(2), (d)(3), and (d)(4).
- Household Income for all individuals is defined in accordance with 42 CFR §435.603(d)(1) and (e). It means that the Household Income is established using the "Household income—(1) General rule" and "MAGI-based income."

Household Income Disregard

- Puerto Rico has elected in the S14T Income Standards - Territories state plan page to use the Local Poverty Level (LPL), which is the Puerto Rico Poverty Level (PRPL), instead of the Federal Poverty Level (FPL). As noted on the S14T, "Wherever FPL is referenced in the other sections of the State Plan; it means the Local Poverty Level."
- In determining the Medicaid eligibility of an individual using MAGI-Based Income, the Medicaid Program deducts from household income an amount equivalent to 5 percentage points of the PRPL for the applicable family size, consistent with 42 CFR §435.603(d)(4). The deduction is only to determine the eligibility of an individual for medical assistance under the MAGI-Based Eligibility Group with the highest income standard in the applicable Title of the Social Security Act, but not to determine eligibility for a particular eligibility group.

Household Income - Current Monthly Income

- The "Current monthly income" generally means the month of application.

Household Income - Cash Support

- The election on S10 page 1, to consider actually available cash support exceeding nominal amounts for individuals described in 42 CFR §435.603(f)(2)(i), is not applicable.
- Income received from absent parents, relatives, or non-relatives from inside or outside of Puerto Rico is not counted towards an individual's T-MAGI income calculation. Since household composition under T-MAGI is based on the non-filer rules, the only income

that may be counted is the income from other family members in the household constructed using the non-filer rules. This includes the individual, spouse if living with the individual, children under age 19, in accordance with 42 CFR §435.603(f)(3).

Household Income - Child's Income

- Living with One or Both Parent

A child's income will not count toward the household MAGI if:

- i. The child is in the household with one or both parent and
- ii. The child's income does not meet the IRS tax filing thresholds (i.e., when counting earned and/or unearned income) adjusted for the Puerto Rico standard of living.

See Supplement 1 to Attachment 2 - "Child Income Threshold Test" - to determine if the child's income will count.

- Living with Other Caretaker Relative or Unrelated Adult

If a child is not living with one or both parent, child's income counts as a regular member for any household in which the child is a member, including the household in which the child is the member being evaluated.

[As an example, a child who is living with a grandmother (caretaker relative) and siblings.]

**SUPPLEMENT 1 TO ATTACHMENT 2
MAGI FORM S10: MAGI-BASED INCOME METHODOLOGIES**

“CHILD INCOME THRESHOLD TEST”

When a child lives with at least one parent, determine whether the Child’s MAGI Income counts for households in which it is included by performing the following steps.

If, after step 6 the Child Income is marked as “Countable” then his/her income is to be included in the household income.

Use test values from Child Income Tax Threshold table for the appropriate year. For any calendar year use the prior Tax Year, e.g. – when evaluating a case in 2017, use lookup values from Tax Year 2016 in table.

Step	Action	Additional information
1	Calculate Unearned Income (U)	Add: Taxable Interest (1,2) Ordinary dividends Capital gains distributions Unemployment compensation Taxable social security benefits (3) Pensions Annuities Distribution of unearned income from a trust
2	Calculate Earned Income (E)	Add: Salaries/Wages/ Tips Professional fees Net self-employment income Taxable scholarship and fellowship grants
3	Calculate Gross Income (G)	U + E
4	Determine (T) as the larger amount between	UIL
	OR	E (to max of GL) + GI
5	Test	U > UIL
	OR	E > EIL
	OR	G > T
6	Determine - IF step 5 is TRUE	Child Income is COUNTABLE
	OTHERWISE	
	IF step 5 is FALSE	Child Income is NOT COUNTABLE

As an example:

- For any calendar year Puerto Rico will use the prior Tax Year, e.g. – when evaluating a case in 2017, use lookup values from Tax Year 2016 in table of the IRS Publication 501, (For 2017, see <https://www.irs.gov/pub/irs-pdf/p505.pdf>).
- For calendar year 2017, Puerto Rico will use the values as published for the IRS Publication 501 for Tax Year 2016.
- For a household of 1 member the monthly PRPL is \$459 as established in the MAGI Form S14T that it is part of the SPA PR-13-0006, which was approved by CMS on December 24, 2014. The annual PRPL is \$5,508 since July, 1st 2017.
- For a household of 1 member, the monthly FPL for 2017 is \$1,005 as published in the Federal Register on Tuesday, January 31, 2017, (82 Federal Register pages 8831-8832). The annual Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia is \$12,060 for 2017, ($12,060 / 12 = 1,005$).
- The annual PRPL to FPL conversion ratio for 2017 and for each year so on is calculated as follows:
 - Calendar Year 2017:
 PRPL = \$5,508
 FPL = \$12,060
 Ratio = $5,508 / 12,060 = 46\%$ (applies to Tax Year 2016)
- The monthly PRPL represents a 46% of the FPL ($459 / 1,005 = 0.456$).
- The IRS Publication 501 for Tax Year 2016, Table 2 - 2016 Filing Requirements for Dependents on page 4, provides values for the formula as follows:
 - UIL (Unearned Income Limit) = \$1,050
 - EIL (Earned Income Limit) = \$6,300
 - GI (Gross earned income Increment) = \$350
 - GL (Gross earned income Limit) = \$5,950.
- Applying the 46% to convert to the Puerto Rico levels results in:
 - UIL (Unearned Income Limit) = \$483
 - EIL (Earned Income Limit) = \$2,898
 - GI (Gross earned income Increment) = \$161
 - GL (Gross earned income Limit) = \$2,737.

Currently known values (as of April 2017)				
Value	Tax Year			
	2016	2017	2018	2019
Unearned Income Limit (UIL)	\$483.00			
Earned Income Limit (EIL)	\$2,898.00			
Gross earned income Increment (GI)	\$161.00			
Gross earned income Limit (GL)	\$2,737.00			

NOTES

1. Report all taxable interest.
 - Taxable interest should be as delivered to taxpayer on Forms 1099-INT, Forms 1099-OID, or substitute statements.
 - Include interest from U.S. savings bonds series EE, H, HH, and I.
2. Exclude interest from series EE and I of U.S. savings bonds issued after 1989.
3. Effectively zero for children in income ranges eligible for Medicaid & CHIP.

Child Income Tax Threshold Table

Value	Tax Year			
	Year 1	Year 2	...	Year n
Unearned Income Limit (UIL)	9,999	9,999	9,999	9,999
Earned Income Limit (EIL)	9,999	9,999	9,999	9,999
Gross earned income Increment (GI)	9,999	9,999	9,999	9,999
Gross earned income Limit (GL)	9,999	9,999	9,999	9,999

During any calendar year, the prior Tax Year's threshold values will be used as the most recently available.

The process for determining whether to count a child's income as described on the preceding page is based on IRS rules as found in Publication 501.

The values to be used in the IRS formula will be adjusted for the Puerto Rico standard of living based on the ratio of the Puerto Rico Poverty Level (PRPL) to the Federal Poverty Level (FPL).

This ratio will be calculated each calendar year based on the values for PRPL and FPL for that year and applied to the preceding tax year.

At the start of any calendar year, if the up to-date values are not yet known, the most recent table available will be used.

State/Territory Puerto Rico

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

Provided: X

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

 X Coverage of routine patient costs for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

 X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

 X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OFFICIAL

State/Territory: Puerto Rico

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

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

X Provided No limitations X With limitations*

2.a. Outpatient hospital services.

X Provided No limitations X With limitations*

2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

X Provided No limitations X With limitations*

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

X Provided No limitations X With limitations*

2.d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Services Act to a pregnant woman or individual under 18 years of age.

X Provided No limitations X With limitations*

3. Other laboratory and x-ray services.

X Provided No limitations X With limitations*

*Description provided on attachment.

TN No. 03-001A
Supersedes TN No. 92-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Agency Puerto Rico

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or order.

Provided No Limitations With limitations*
 Not Provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided No Limitations With limitations*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided No Limitations With limitations*

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided:

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

2) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided: No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.
Please describe any limitations:

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided No Limitations With limitations*

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided No Limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided No Limitations With limitations*

*Description provided on attachment.

TN No. 13-004
Supersedes
TN No. 03-001A

Approval Date

JAN 28 2014

Effective Date

OCT 01 2013

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

- b. Optometrists' services
 Provided No limitation With limitations* Not Provided
- c. Chiropractors' services
 Provided No limitation With limitations* Not Provided
- d. Other practitioners' services
 Provided No limitation With limitations* Not Provided

7. Home Health Services

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 Provided No limitation With limitations*
 Not Provided under the PRHIA Health Reform Plan
- b. Home health aide services provided by a home health agency.
 Provided No limitation With limitations*
 Not Provided under the PRHIA Health Reform Plan
- c. Medical supplies, equipment, and appliances suitable for use in the home.
 Provided No limitation With limitations*
 Not Provided under the PRHIA Health Reform Plan

* Description provided on Attachment.

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 12/17/14

OFFICIAL

State/Territory: Puerto Rico

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

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided No limitations With limitations*
 Not Provided under the PRHIA Health Reform Plan

8. Private duty nursing services.

Provided No limitations With limitations*
 Not Provided

*Description provided on attachment.

TN No. 03-001A
Supersedes TN No. 92-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

AMOUNT, 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.
- mm. Hepatitis C
Puerto Rico is covering Hepatitis C drugs in the fee-for-service program as outlined in the Puerto Rico provider manual.

TN No.: PR-20-0001 Approval Date: June 10, 2020 Effective Date: March 16, 2020

Supersedes: PR-15-0004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

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

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.: PR-20-0001 Approval Date: June 10, 2020 Effective Date: March 16, 2020

Supersedes: PR-15-0004

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. 23-0004
Supersedes: 15-0004

Approval Date: May 12, 2023 Effective Date: January 1, 2023

OFFICIAL

State/Territory: Puerto Rico

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

b. Screening services

Provided No limitations With limitations*

c. Preventive services

Provided No limitations With limitations*

d. Rehabilitative services

Provided No limitations With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided No limitations With limitations*
(Based on medical necessity-Law 408)

b. Skilled nursing facility services

Provided No limitations With limitations*
 Not Provided

c. Intermediate care facility services

Provided No limitations With limitations*
 Not Provided

*Description provided on attachment.

TN No. D3-001A
Supersedes 85-3 Approval Date MAR 05 2004 Effective Date AUG 13 2003
TN No. _____

STATE/TERRITORY: PUERTO RICO

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

15. a. Intermediate care facility services (other than such services in an Institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided No limitation With limitations* Not Provided

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided No limitation With limitations* Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided No limitation With limitations* Not Provided
(Based on Medical Necessity under Law 408)

17. Nurse-midwife services

Provided No limitation With limitations* Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided No limitation Not Provided

Provided With limitations*

In accordance with section 2302 of the
Affordable Care Act

*Description provided on attachment.

TN No.: 14-003 Approval Date: JUL 10 2014 Effective Date: April 1, 2014
Supersedes: 03-001-A

OFFICIAL

State/Territory: Puerto Rico

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

- 19. Case management services and Tuberculosis related services
 - a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided With limitations*
 Not Provided

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided With limitations*
 Not Provided

- 20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day fall.

Provided
 Additional coverage ++

- b. Services for any medical conditions that may complicate pregnancy.

Provided
 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment. Post partum and pregnancy-related services after the pregnancy ends are covered beyond the 60th day if medically needed.

Services for any other medical conditions that may complicate pregnancy are provided without limitations.

TN No. 03-001A Approval Date MAR 05 2004 Effective Date AUG 13 2003
 Supersedes 95-1
 TN No. 95-1

OFFICIAL

State/Territory: Puerto Rico

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided No limitations With limitations*

Not Provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided No limitations With limitations*

Not Provided

23. Pediatric or family nurse practitioners' services.

Provided No limitations With limitations*

(According to our Health Plan coverage and state licensing laws - general nurse practitioners)

*Description provided on attachment.

TN No. 03-0017A
Supersedes TN No. 92-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003

OFFICIAL

State/Territory: Puerto Rico

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

Provided No limitations With limitations*

b. Services of Christian Science nurses

Provided No limitations With limitations*

Not Provided

c. Care and services provided in Christian Science sanatoria

Provided No limitations With limitations*

Not Provided

d. Nursing facility services for patients under 21 years of age.

Provided No limitations With limitations*

Not Provided

e. Emergency hospital services

Provided No limitations With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse

Provided No limitations With limitations*

Not Provided

*Description provided on attachment.

TN No. 03-001A MAR 05 2004
Supersedes Approval Date Effective Date AUG 13 2003
TN No. 92-2

OFFICIAL

State/Territory: Puerto Rico

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

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided No limitations With limitations*
 Not Provided

*Description provided on attachment.

TN No. 03-001A
Supersedes 93-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003
TN No. 93-2

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Agency Puerto Rico

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit -Part D.

The following excluded drugs are covered:

("All" drugs categories covered under the drug class)

("Some" drugs categories covered under the drug class)

-List the covered common drug categories not individual drug products directly under the appropriate drug class)

("None" of the drugs under this drug class are covered)

- (a) agents when used for anorexia, weight loss, weight gain are excluded as a general rule. Puerto Rico provides coverage of medically-necessary mental health drugs when used in the treatment of anorexia according to the medical psychiatric practice accepted norms as required for the diagnosis, prevention, and treatment of the mental health disease.
- (b) agents when used to promote fertility
- (c) agents when used for cosmetic purposes or hair growth
- (d) agents when used for the symptomatic relief of cough and colds

TN No. 13-002
Supersedes
TN No. New

Approval Date JUN 20 2013 Effective Date January 1, 2013

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Agency Puerto Rico

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	<p>(e) prescription vitamins and mineral products <u>are excluded as a general rule, except prenatal vitamins and fluoride. Puerto Rico also covers some vitamins and mineral products when there are prescribed, medically necessary, and used in the treatment of cancer, renal disease, or HIV/AIDS.</u></p>
<input checked="" type="checkbox"/>	<p>(f) nonprescription drugs <u>or over-the-counter (OTC) drugs are excluded as a general rule. Puerto Rico covers some OTC drugs (Non Sedating Antihistamines, Antihistamine, Respiratory Agent, Antiplatelet, and Topical Antimycotic products) when they are prescribed and medically necessary according to the medical practice accepted norms as required for the diagnosis, prevention, and treatment of the disease..</u></p>
<input type="checkbox"/>	<p>(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)</p>
<input checked="" type="checkbox"/>	<p>(h) barbiturates <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers these drugs when used in the treatment of epilepsy, cancer, or a chronic mental health disorder; except when these drugs are prescribed for a condition other than the three covered by Part D and during Part D donut hole period if it is medically necessary.</u></p>
<input checked="" type="checkbox"/>	<p>(i) benzodiazepines <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers all indications for these drugs; except for dually eligible without Part D and during Part D donut hole period if it is medically necessary.</u></p>
<input checked="" type="checkbox"/>	<p>(j) smoking cessation drugs <u>are excluded except for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases the plan covers prescription and non-prescription aids as indicated by a physician and without cost-sharing.</u></p>

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OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Agency: Puerto Rico

Coverage Template for Freestanding Birth Center Services

Attachment 3.1A: Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With limitations X None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

X Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

- a. Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- b. Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *
- c. Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*
- d. *For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

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TN No. NEW

Approval Date JAN 28 2014 Effective Date OCT 01 2013

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) MAT as described and limited in Supplement 2 to Attachment 3.1-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitations

General Limitations

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

- a. Services rendered while the beneficiary is not covered.
- b. Services which result from illnesses or injuries not covered.
- c. Services resulting from automobile accidents which are covered by the Automobile Accident Compensation Fund (ACAA).
- d. Workman's compensation accidents covered by the "Fondo del Seguro del Estado".
- e. Services covered by any other insurer or party that has the primary responsibility (other party liability).
- f. Special nurses services for the convenience of the patient when it is not medically necessary.
- g. Hospitalization for services which can be rendered in an ambulatory setting.
- h. Admission of patients to hospitals for diagnostic purposes only.
- i. Expenses for services and/or materials for the comfort of the patient, such as telephone, television, admission kit, etc.
- j. Services rendered by second generation family members of patient (parents, offspring, siblings, grandparents, grandchildren, spouse, etc.).
- k. Organ and tissue transplants, except as provided in Attachment 3.1-E.
- l. Laboratories for which processing is not available in Puerto Rico and that have to be sent outside of Puerto Rico for processing.
- m. Treatments with the purpose of controlling weight (obesity or weight increase) solely for esthetic purposes.
- n. Sports Medicine, musical therapy, and natural medicine.
- o. Tuboplasties, vasovasectomies and any other procedures or services for the purpose of returning the ability to procreate, are excluded:

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Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 7/17/14

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
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Description of Limitations

- p. Cosmetic surgery and treatment, solely to correct defects in the physical appearance, excluding also hospitalization, medical-surgical services and complications associated with this procedure, regardless of their medical justification.
- q. Services, diagnostics tests and/or treatments ordered and/or provided by naturopaths, naturists, and iridologists.
- r. Mammoplasty or plastic reconstruction of the breast solely for cosmetic purposes.
- s. Ambulatory setting use of fetal monitor.
- t. Services, treatment or hospitalizations which arise from an induced abortion (not therapeutic). The following are considered induced abortions:

<u>CODE</u>	<u>DESCRIPTION</u>
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and expulsion
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines);
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with dilation and curettage and/or evacuation.
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with hysterectomy (failed intra-amniotic injection).

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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.

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Description for Attachment 3.1-A

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

Description of Limitations

Limitations to inpatient services:

- Short Term Rehabilitation Services: To hospitalized patients, including physical, occupational, and speech therapy.
- Blood: Blood, plasma and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of a certified hematologist; Antihemophyllic Factor with intermediate purity concentration (Factor VIII); Antihemophyllic Monoclonal Type Factor per authorization of a certified hematologist and Protrombin Activated Complex (Autoflex and Feiba) per authorization of a certified hematologist.

2a. Outpatient services are provided within coverage under Health Reform Plan.

2b. Rural health clinic and ambulatory services provided are those categorized benefits under the Basic and Special Coverage of Health Reform Plan.

2c. Federally Qualified services and other ambulatory services are those categorized benefits under the Basic and Special Coverage of Health Reform Plan.

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MAR 05 2004

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AUG 13 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

3. Other laboratory and X-ray services.
Diagnostic blood tests and X-rays are covered, but the following special procedures and diagnostic tests are provided subject to benefits included under the plan's special coverage and medical necessity criteria:
- a. Computerized tomography.
 - b. Magnetic Resonance Tests Imaging
 - c. Cardiac catheterization
 - d. Holter Tests
 - e. Doppler Tests
 - f. Stress Tests
 - g. Lithotripsy
 - h. Electromyography
 - i. Single Photon Emission Computerized – Tomography Test (SPECT)
 - j. Ocular Plesthymography (OPG)
 - k. Impedance Plesthymography
 - l. Other invasive and non-invasive cardiovascular, cerebrovascular, and neurosurgical procedures
 - m. Nuclear Medicine tests
 - n. Endoscopies for diagnostic purposes
 - o. Genetic Studies.
- 4.c. Family Planning Services: The coverage benefits of the Puerto Rico Medicaid and CHIP Programs provide the following Family Planning Services: (i) education and counseling, (ii) pregnancy testing, (iii) infertility assessment, (iv) sterilization services in accordance with 42 CFR 441.200 subpart F, (v) laboratory services, (vi) at least one of every class and category of FDA (Food and Drug Administration) approved contraceptive medication, (vii) cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC), and (viii) other FDA approved contraceptive medications or methods when it is medically necessary and approved through a prior authorization or exception process.
- 5.a. Physician services in the patient's home are provided based on medical necessity.

Transmittal No.:	<u>15-001</u>	Effective Date:	<u>April 1, 2015</u>
Supersedes TN No.:	<u>03-001-A</u>	Approval Date:	<u>SEP 09 2015</u>

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- 5b. Medical and surgical services provided by dentist are limited to the coverage services description on item (10).
- 6a. Podiatrist services are provided as remedial and incidental care rendered for attending special conditions under the Health Reform Plan's special coverage.
- 6b. Optometrist services are limited to vision evaluations and exams.
- 6c. Chiropractic services as determined medically necessary.
Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit for physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.
- 6d. Most types of practitioners are included, except for: alternative and sport medicine practitioners, iridologist, naturopaths, and cosmetic plastic surgeons.
- 7. Home Health Services
No FFP is claimed for Home Health Services.

Transmittal No.: 14-008 Effective Date: July 1, 2014
Supersedes TN No.: 03-001-A Approval Date: 12/17/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE
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9. Clinic services are provided according to and within to the State Plan coverage and complaint with 42 CFR 440.90, including preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients: (a) services furnished at the clinic by or under the direction of a physician or dentist and (b) services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. These clinics include Department of Health Clinics, Preven Clinics, Urgent Care Clinics, and Physician operated clinics.
10. Dental Services
- a. Dental Services for Children Under 21 Years of Age
- All preventive and corrective dental services are covered for children under age 21 (0-20) as indicated under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit requirement.
 - Orthodontic services to EPSDT eligible children as medically necessary to prevent and restore oral structures to health and function are covered. Orthodontic services for cosmetic purposes are not covered.
 - Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21) and stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy.
 - Anesthesia services (subject to prior authorization) for a child with physical or mental handicaps in compliance with federal and local laws. Those special conditions includes, but not limited to, the followings: (a) autism, (b) severe retardation, (c) severe neurologic impairment, (d) significant attention deficit disorders with hyperactivity, (e) significant or severe mental disorders, (f) disable or unable to follow commands, and (g) any other condition that at the dentist professional judgment, impaired the required patient cooperation and feasibility to adequately perform the dental procedure.
 - All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

Transmittal No.: PR-16-0003

Effective Date: July 1, 2016

Supersedes TN No.: 15-0001

Approval Date: JULY 08, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/
TERRITORY: COMMONWEALTH OF PUERTO RICO

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

10. Dental Services

b. Dental Services for Members aged 21 and Over When It Is Medically Necessary

- Preventive dental services
- Restorative dental services
- One (1) comprehensive oral examination per year
- One (1) Periodic oral examination every six (6) months
- One (1) defined problem-limited oral exam
- One (1) complete series of intra-oral radiographs, including bitewings every three (3) years
- One (1) initial periapical intra-oral radiograph
- Up to five (5) additional periapical/intra-oral radiographs per year
- One (1) single film bitewing radiograph per year
- One (1) two-film bitewings radiograph per year
- One (1) panoramic radiograph every three (3) years
- One (1) cleanse every six (6) months
- One (1) Prophylaxis every six (6) months
- Amalgam restoration
- Resin restorations
- Root canal
- Palliative treatment
- Oral surgery
- Anesthesia services (subject to prior authorization) for beneficiaries with physical or mental handicaps in compliance with local law
- Periodontal scaling and root planning – each quadrant (right maxillary, left maxillary, right mandibular, and left mandibular) every 24 months
- All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

Transmittal No.: 23-0004

Effective Date: January 1, 2023

Supersedes TN No.: 16-0003

Approval Date: May 12, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
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Description of Limitation

- 11.a. Physical therapy and or chiropractor services as determined medically necessary.
- a. Initial 15 sessions available without prior authorization.
 - b. Additional 15 sessions require prior authorization.
 - c. The treatment limit is combined with the limit for chiropractic care.
 - d. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined.
 - e. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.
- 12.a. Prescribed drugs
- a. The PRHIA maintains a drug Formulary as the official formulary of drugs provided by the Health Reform Plan coverage, which contains most of the vast majority of therapeutic alterative categories available.
 - b. A preferred drug list (PDL) is also maintained as a cost-effective utilization tool in rendering prescription benefits under the Health Reform Plan.
 - c. The MCOs, MBHOs, and Direct Providers, that are contracted, agree to conduct the pharmacy billing and claims through the PRHIA's contracted Pharmacy Benefits Manager (PBM).
 - d. Under exceptional circumstances, a drug not included in the Formulary could be covered only through exceptional circumstances and procedure set forth below.

Transmittal No.: 15-001

Effective Date: April 1, 2015

Supersedes TN No.: 14-008

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

Limitations and Conditions of the Prescription Services

- a. Contraceptives drugs are covered under the Health Reform Plan for the treatment of menstrual dysfunction and for birth control purposes, as follows:
 - (i) At least one of every class and category of FDA (Food and Drug Administration) approved contraceptive medication,
 - (ii) At least one of every class and category of FDA approved contraceptive method, and
 - (iii) Other FDA approved contraceptive medications or methods when it is medically necessary and approved through a prior authorization or exception process.
- b. Drugs required for the ambulatory or hospitalized treatment of diagnosed beneficiaries with AIDS or with an HIV positive factor are covered under the special coverage to include only antiretrovirals but excluding Protease inhibitors. The Protease inhibitors are not covered benefits financed under the Health Reform Plan, they are provided to Medicaid beneficiaries through coordination with the Regional Immunological Clinics of the Commonwealth Health Department's PASET Division.
- c. Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).
- d. New drugs for future inclusion are evaluated through an active process for revising on a continuous basis and evaluate the future inclusion of new medicines or the removal of medicines from the formulary. Considering the dynamic nature of this process, the PRHIA requires the inclusion or exclusion of medicines as changes and advances affect the standard practice for the treatment of conditions or developments of standard practices for the treatment of a condition or particular treatments.

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Approval Date: SEP 09 2015

OFFICIAL

Description for Attachment 3.1-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

Description of Limitations

- e. No MCO, HCO, MBHO or providers can establish a different formulary from the one included in this addendum nor limit in any way the drugs and medications included in the formulary.
- f. In the event a beneficiary needs a drug or medicine that is not included in the formulary, the MCO, MBHO and providers will follow the usual pre-authorization procedure, to obtain drugs not included in the formulary. The provider shall have to obtain the MCO's prior approval considering and documenting the particular merits of each case, which could include among others the following criteria:
 - 1. A contraindication of drug that appears in the formulary.
 - 2. Adverse reaction history to the drug that appears in the formulary.
 - 3. Therapeutic failure to all available alternatives in the formulary.
 - 4. Non-existence of alternative therapy in the formulary.
- g. For acute conditions, the amount of medication to be dispensed shall be limited to the needed therapy, but never for more than fifteen (15) days. When medically necessary, additional prescriptions are covered.
- h. For chronic conditions (maintenance), the amount of the medication to be dispensed will be limited to a maximum of thirty (30) days. By prescribing physician recommendation, each prescription may be repeated up to six (6) times. When medically necessary, additional prescriptions are covered.
- i. The indications on prescriptions issued for treatment of children with Special Health Care Needs will indicate clearly the (30) day coverage therapy and that it can be repeated up to six (6) times. When medically necessary additional prescriptions will be covered.
- j. The use of bioequivalent medications and drugs approved by the FDA and local regulations is authorized, unless contraindicated for the beneficiary by the physician or dentist who prescribed the medication.
- k. The absence of bioequivalent medications in stock does not exonerate the Pharmacist from dispensing the medication nor does it entail the payment of additional surcharges by beneficiaries. Brand name drugs will be dispensed if the bioequivalent is not available at the pharmacy.
- l. All prescriptions shall be filled and dispensed at a participating pharmacy properly licensed under the laws of Puerto Rico freely chosen by the beneficiary.
- m. All prescriptions shall be dispensed contemporaneously with the date and hour that the beneficiary receives the prescription and requests that it be dispensed.

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03-001A

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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

12 b. Dentures

Limited to upper and lower interim partial dentures once per lifetime.

All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

12 c. Prosthetic devices

Those include the body's extremities, 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 consists of a single or multi-focal lens 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 is covered when it is medically necessary and approved through a prior authorization process.

13a. Diagnostic Services

Some diagnostic services are subject to prior authorization. A physician or other licensed practitioner must recommend diagnostic services within the scope of their practice under State law.

13b. Screening Services

Gynecological and Prostate Cancer screening according to accepted medical practice, including the Papanicolaou test, mammography, and P.S.A. as may be medically necessary and according to the beneficiary's age. According to Puerto Rico's Health policies, 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.

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Description of Limitation

13c. Preventive services

A comprehensive annual health evaluation for each beneficiary, to be performed by a qualified health professional including eye tests, hearing test, nutritional screening and evaluation, laboratories and all other exams and diagnostic tests, and immunizations commensurate with age, gender, and physical condition of the beneficiary. This annual evaluation complements the services for children and adolescents to be provided accordingly with the periodicity schedules published by the American Academy of Pediatrics and EPSDT under Title XIX of the Medicaid program. Follow-up visits will be provided to all beneficiaries based on medical necessity criteria established by the State.

All immunizations will be provided for children to age 21 and those necessary according to age, gender, and health condition of the beneficiary, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others. The Puerto Rico Department of Health provides vaccines to children ages 0-18 through the Children's Immunization Program. The coverage benefits of the Puerto Rico Medicaid Program also include immunizations for Medicaid beneficiaries' ages 19-20. Each managed care organization (MCO), contracted by the State, will contract with immunization providers, duly certified by the Puerto Rico Department of Health, to provide the immunization services. Immunizations will be administered without any charge or deductibles.

Counseling in physical health, oral health, and nutrition will be provided in accordance with the preventive service benefit to address the individual needs of the beneficiaries based on their health conditions.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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PROVIDED TO THE CATEGORICALLY NEEDY

Description of Limitation

13d. Rehabilitative services

The rehabilitative services provided are ambulatory. Except for physical therapy, all rehabilitative services such as: respiratory, occupational, and speech therapies services are unlimited.

Physical therapy and/or chiropractic services (chiropractic manipulation sessions) as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined for chiropractic care and physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.

19. Ambulatory treatment, hospitalization and other TB related services and case management are covered under the Special Coverage.

20. The extended services for pregnant women besides covering all pre-natal, delivery and post-partum care services, include all medical and obstetrical nursing services during the delivery, be it natural childbirth, cesarean section, or any other complication; hospitalization beyond minimum stay terms in case of maternity, high risk or secondary conditions to the pregnancy by medical recommendation.

The minimum stay term for hospitalization for both mother and newborn will not be limited to less than 48 hours for normal vaginal delivery without complications and in the case of childbirth following cesarean section, the stay may not be limited to less than 96 hours for both mother and child.

24.a. Transportation

Limited to ambulance services in emergency cases, ground, maritime, and aerial ambulance services are covered within the territorial limits of Puerto Rico. No pre-authorization or pre-certification will be required in order to access these services. In general, the service shall be accessed either by beneficiary calling 911 or calling the local ambulance provider contracted and as instructed by the HCO and the MCO in the area.

For non emergency transportation the Commonwealth follows the methods described in attachment 3.1-D of this plan.

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Approval Date: 12/17/14

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a. Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Service	Description	Provider Type(s)
Individual Counseling	Individual counseling, insight oriented, behavior modifying and/or supportive.	Physician, Medical Psychiatrist, Psychologist, Social Worker
Group Counseling	Group counseling, insight oriented, behavior modifying and/or supportive.	Physician, Medical Psychiatrist, Psychologist, Social Worker
Mental Health Assessment by Non-Physician Professional	Mental health assessment is provided by someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness.	Psychologist, Social Worker
Treatment Plan Development and Modification	Development of a treatment plan and/or its modification, in relation to opioid use disorder.	Psychologist, Social Worker

- b. Please include each practitioner and provider entity that furnishes each service and component service.

See table in section iii.a. above.

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

- c. Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Provider Type	Qualifications
Physician	A person with a license to practice medicine as an M.D. or a D.O. in Puerto Rico, whether as a Primary Care Physician (PCP) or in the area of specialty under which he or she will provide medical services through a contract with the Contractor (MCO); and is a Provider enrolled in the Puerto Rico Medicaid Program; and has a valid registration number from the Drug Enforcement Agency and the Certificate of Controlled Substances of Puerto Rico, if required in his or her practice
Medical Psychiatrist	A person who possesses a license to practice medicine and a psychiatrist specialty license issued by the licensing agency of Puerto Rico and is enrolled in the Puerto Rico Medicaid Program or a properly trained person who practices psychiatry under the direct supervision of a licensed Provider
Psychologist	A person who possesses a Doctoral or Master's Degree in clinical or counseling psychology and a license issued by the licensing agency of Puerto Rico and is enrolled in the Puerto Rico Medicaid Program or a properly trained person who practices psychology under the direct supervision of a licensed Provider
Social Worker	A person who possesses a Master's Degree in social work and a current license issued by the licensing agency of Puerto Rico and is enrolled in the Puerto Rico Medicaid Program or a properly trained person who practices social work under the direct supervision of a licensed Provider

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs and biologicals are covered so long as use is consistent with the FDA label in terms of indication, dose, duration, and patient age.

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

CASE MANAGEMENT SERVICES ARE NOT PROVIDED

A. Target Group:

B. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

E. Qualification of Providers:

TN No. 88-1
Supersedes
TN No. New

Approval Date

OCT 20 1988
1988

Effective Date

4/1/88

OFFICIAL

State/Territory: Puert^o Rico

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 85-1
Supersedes
TN No. New

Approval Date OCT 20 1988

Effective Date 4/1/88

HCFA ID: 1040P/0016P

State/Territory Puerto Rico

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

Provided: X

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

X Coverage of routine patient costs for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

X A qualified clinical trial is a clinical trial that meets the definition in section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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ATTACHMENT 3.1-B
Page 1

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

1. Inpatient hospital services other than those provided in an institution for mental diseases.
 Provided No limitations With limitations*
- 2.a. Outpatient hospital services.
 Provided No limitations With limitations*
- 2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 Provided No limitations With limitations*
- 2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
 Provided No limitations With limitations*
- 2.d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Services Act to a pregnant woman or individual under 18 years of age.
 Provided: No limitations With limitations*
3. Other laboratory and x-ray services.
 Provided No limitations With limitations*

*Description provided on attachment.

TN No. 03-001A
Supersedes 92-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003
TN No. _____

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Agency Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUPS

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

___ Provided ___ No Limitations ___ With limitations*
X Not Provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

X Provided X No Limitations ___ With limitations*

4.c. Family planning services and supplies for individuals of child-bearing age.

X Provided ___ No Limitations X With limitations*

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided:

X (i) By or under supervision of a physician;

X (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

2) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided: X No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.
Please describe any limitations:

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
X Provided ___ No Limitations X With limitations*

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
X Provided ___ No Limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services
X Provided ___ No Limitations X With limitations*

*Description provided on attachment.

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JAN 28 2014

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OCT 01 2013

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

- b. Optometrists' services
 Provided No limitation With limitations* Not Provided
- c. Chiropractors' services
 Provided No limitation With limitations* Not Provided
- d. Other practitioners' services
 Provided No limitation With limitations* Not Provided

7. Home Health Services

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 Provided No limitation With limitations*
 Not Provided under the PRHIA Health Reform Plan
- b. Home health aide services provided by a home health agency.
 Provided No limitation With limitations*
 Not Provided under the PRHIA Health Reform Plan
- c. Medical supplies, equipment, and appliances suitable for use in the home.
 Provided No limitation With limitations*
 Not Provided under the PRHIA Health Reform Plan

* Description provided on Attachment.

Transmittal No.: 14-008 Effective Date: July 1, 2014
Supersedes TN No.: 03-001-A Approval Date: 12/17/14

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

____ Provided ____ No limitations ____ With limitations*
X ____ Not Provided under Health Reform Plan by PRHIA

8. Private duty nursing services.

____ Provided ____ No limitations ____ With limitations*
X ____ Not Provided under Health Reform Plan by PRHIA

*Description provided on attachment.

TN No. 03-001A
Supersedes TN No. 87-1 Approval Date MAR 05 2004 Effective Date AUG 13 2003

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

9. Clinic services.

Provided No limitations With limitations*

10. Dental services.

Provided No limitations With limitations*

11. Physical therapy and related services.

a. Physical therapy

Provided No limitations With limitations*

b. Occupational therapy

Provided No limitations With limitations*

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

Provided No limitations With limitations*

*Description provided on attachment.

TN No. 03-001A

Supersedes 87-1

TN No. 87-1

Approval Date MAR 05 2004

Effective Date AUG 13 2003

STATE/TERRITORY: PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED
TO THE MEDICALLY 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. 23-0004
Supersedes: 15-0004

Approval Date: May 12, 2023 Effective Date: January 1, 2023

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

b. Screening services

Provided No limitations With limitations*

c. Preventive services

Provided No limitations With limitations*

d. Rehabilitative services

Provided No limitations With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

Provided No limitations With limitations*
(Based on medical necessity Law 408)
 Not Provided

b. Skilled nursing facility services

Provided No limitations With limitations*
 Not Provided

c. Intermediate care facility services

Provided No limitations With limitations*
 Not Provided

*Description provided on attachment.

TN No. 03-001A
Superseded 87-1 Approval Date MAR 05 2004 Effective Date AUG 13 2003
TN No. _____

STATE/TERRITORY: PUERTO RICO

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

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided No limitation With limitations* Not Provided

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided No limitation With limitations* Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided No limitation With limitations* Not Provided
(Based on Medical Necessity under Law 408)

17. Nurse-midwife services

Provided No limitation With limitations* Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided No limitation Not Provided

Provided With limitations*

In accordance with section 2302 of the Affordable Care Act

*Description provided on attachment.

TN No.: 14-003 Approval Date: JUL 10 2014 Effective Date: April 1, 2014
Supersedes: 03-001-A

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided With limitations*

Not Provided

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided With limitations*

Not Provided

20. Extended services for pregnant women
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day fall.

Provided

Additional coverage ++

- b. Services for any medical conditions that may complicate pregnancy.

Provided

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment. Post partum and pregnancy-related services after the pregnancy ends are covered beyond the 60th day if medically needed.

Services for any other medical conditions that may complicate pregnancy are provided without limitations.

TN No. 03-001A MAR 05 2004

Supersedes 95-1 Approval Date _____ Effective Date AUG 13 2003

TN No. _____

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S).

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider(in accordance with section 1920 of the Act)

Provided No limitations With limitations*
 Not Provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided No limitations With limitations*
 Not Provided

23. Pediatric or family nurse practitioners' services.

Provided No limitations With limitations*
(According to our Health Plan coverage and state licensing laws - general nurse practitioners)

*Description provided on attachment.

TN No. 03-0019
Supersedes 88-1 Approval Date MAR 05 2004 Effective Date AUG 13 2003
TN No. _____

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S)

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided No limitations With limitations*

b. Services of Christian Science nurses.

Provided No limitations With limitations*

Not Provided

c. Care and services provided in Christian Science sanatoria.

Provided No limitations With limitations*

Not Provided

d. Nursing facility services for patients under 21 years of age.

Provided No limitations With limitations*

Not Provided

e. Emergency hospital services.

Provided No limitations With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided No limitations With limitations*

Not Provided

*Description provided on attachment.

TN No. 03-001A
Supersedes
TN No. 88-1 Approval Date MAR 05 2004 Effective Date AUG 13 2003

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided No limitations With limitations*
 Not Provided

*Description provided on attachment.

TN No. 03-001A Approval Date MAR 05 2004 Effective Date AUG 13 2003
Supersedes TN No. 93-2

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Agency Puerto Rico

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
MEDICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit -Part D.

The following excluded drugs are covered:

("All" drugs categories covered under the drug class)

("Some" drugs categories covered under the drug class)

-List the covered common drug categories not individual drug products directly under the drug class)

("None" of the drugs under this drug class are covered)

(a) agents when used for anorexia, weight loss, weight gain **are excluded as a general rule. Puerto Rico provides coverage of medically-necessary mental health drugs when used in the treatment of anorexia according to the medical psychiatric practice accepted norms as required for the diagnosis, prevention, and treatment of the mental health disease.**

(b) agents when used to promote fertility

(c) agents when used for cosmetic purposes or hair growth

(d) agents when used for the symptomatic relief of cough and colds

TN No. 13-002
Supersedes
TN No. New

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OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Agency Puerto Rico

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
MEDICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	(e) prescription vitamins and mineral products <u>are excluded as a general rule</u> , except prenatal vitamins and fluoride. <u>Puerto Rico also covers some vitamins and mineral products when there are prescribed, medically necessary, and used in the treatment of cancer, renal disease, or HIV/AIDS.</u>
<input checked="" type="checkbox"/>	(f) nonprescription drugs <u>or over-the-counter (OTC) drugs are excluded as a general rule.</u> <u>Puerto Rico covers some OTC drugs (Non Sedating Antihistamines, Antihistamine, Respiratory Agent, Antiplatelet, and Topical Antimycotic products) when they are prescribed and medically necessary according to the medical practice accepted norms as required for the diagnosis, prevention, and treatment of the disease..</u>
<input type="checkbox"/>	(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
<input checked="" type="checkbox"/>	(h) barbiturates <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers these drugs when used in the treatment of epilepsy, cancer, or a chronic mental health disorder; except when these drugs are prescribed for a condition other than the three covered by Part D and during Part D donut hole period if it is medically necessary.</u>
<input checked="" type="checkbox"/>	(i) benzodiazepines <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers all indications for these drugs; except for dually eligible without Part D and during Part D donut hole period if it is medically necessary.</u>
<input checked="" type="checkbox"/>	(j) smoking cessation drugs <u>are excluded except for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases the plan covers prescription and non-prescription aids as indicated by a physician and without cost-sharing.</u>

TN No. 13-002
Supersedes
TN No. New

Approval Date **JUN 20 2013** Effective Date January 1, 2013

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1905(a)(29) MAT as described and limited in Supplement 2 to Attachment 3.1-B.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitations

General Limitations

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

- a. Services rendered while the beneficiary is not covered.
- b. Services which result from illnesses or injuries not covered.
- c. Services resulting from automobile accidents which are covered by the Automobile Accident Compensation Fund (ACAA).
- d. Workman's compensation accidents covered by the "Fondo del Seguro del Estado".
- e. Services covered by any other insurer or party that has the primary responsibility (other party liability).
- f. Special nurses services for the convenience of the patient when it is not medically necessary.
- g. Hospitalization for services which can be rendered in an ambulatory setting.
- h. Admission of patients to hospitals for diagnostic purposes only.
- i. Expenses for services and/or materials for the comfort of the patient, such as telephone, television, admission kit, etc.
- j. Services rendered by second generation family members of patient (parents, offspring, siblings, grandparents, grandchildren, spouse, etc.).
- k. Organ and tissue transplants, except as provided in Attachment 3.1-E.
- l. Laboratories for which processing is not available in Puerto Rico and that have to be sent outside of Puerto Rico for processing.
- m. Treatments with the purpose of controlling weight (obesity or weight increase) solely for esthetic purposes.
- n. Sports Medicine, musical therapy, and natural medicine.
- o. Tuboplasties, vasovasectomies and any other procedures or services for the purpose of returning the ability to procreate, are excluded:

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

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OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitations

- p. Cosmetic surgery and treatment, solely to correct defects in the physical appearance, excluding also hospitalization, medical-surgical services and complications associated with this procedure, regardless of their medical justification.
- q. Services, diagnostics tests and/or treatments ordered and/or provided by naturopaths, naturists, and iridologists.
- r. Mammoplasty or plastic reconstruction of the breast solely for cosmetic purposes.
- s. Ambulatory setting use of fetal monitor.
- t. Services, treatment or hospitalizations which arise from an induced abortion (not therapeutic). The following are considered induced abortions:

<u>CODE</u>	<u>DESCRIPTION</u>
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and expulsion
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines);
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with dilation and curettage and/or evacuation.
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with hysterectomy (failed intra-amniotic injection).

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CONFIDENTIAL

Description for Attachment 3.1-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Page 3

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

Description of Limitations

59855 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines

59856 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with dilation and curettage and/or evacuation.

59857 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with hysterectomy (omitted medical expulsion).

- u. The Revetron drug.
- v. Services for epidural anesthesia
- w. Somnography studies.
- x. Services which are not reasonable nor required according to the accepted standards of medical practice or services provided in excess of those normally required for the prevention, diagnosis, and treatment of a disease, injury or dysfunction of the organic system or pregnancy condition.
- y. Hemodialysis and/or peritoneal dialysis services are excluded from the Basic Coverage; but included in the Special Coverage.
- z. New and/or experimental procedures which have not been approved by the PRHIA for their inclusion as benefits in the basic and special coverage of the program.
- aa. Custodial, rest or convalescence services, in cases where the acute medical condition requiring in-patient care is under control or in irreversible terminal cases.
- bb. Expenses incurred in payments made by beneficiaries to participating providers that according to the terms of the program, the beneficiary was not supposed to pay.
- cc. Services ordered and/or rendered by non-participating providers, except in cases of emergencies/immediate need or previously authorized by the HCOs or MCO.
- dd. Neurological and cardiovascular surgery and related services are excluded from the Basic Coverage, but included in the Special Coverage.

TN No. 03-001A

Supersedes

TN No. 03-001A

Approval Date MAR 05 2004

Effective Date AUG 13 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE MEDICALLY 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.
- mm. Hepatitis C
Puerto Rico is covering Hepatitis C drugs in the fee-for-service program as outlined in the Puerto Rico provider manual.

TN No.: PR-20-0001 Approval Date: June 10, 2020 Effective Date: March 16, 2020

Supersedes: PR-15-0004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

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

2. 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.: PR-20-0001 Approval Date: June 10, 2020 Effective Date: March 16, 2020

Supersedes: PR-15-0004

OFFICIAL

Description for Attachment 3.1-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

Description of Limitations

Limitations to inpatient services:

- Short Term Rehabilitation Services: To hospitalized patients, including physical, occupational, and speech therapy.
- Blood: Blood, plasma and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of an certified hematologist; Antihemophyllic Factor with intermediate purity concentration (Factor VIII); Antihemophyllic Monoclonal Type Factor per authorization of a certified hematologist and Protrombin Activated Complex (Autoflex and Feiba) per authorization of a certified hematologist.

- 2a. Outpatient services are covered by the Reforma Health Plan.
- 2b. Rural health clinic and ambulatory services provided are those categorized benefits covered according to our Reforma Health Plan.
- 2c. Federally Qualified Health Centers services and other ambulatory services are those benefits covered according to our Reforma Health Plan.

TN No. 03-001A

Supersedes

TN No. 84-3

Approval Date MAR 05 2004

Effective Date AUG 13 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

3. Other laboratory and X-ray services.
Diagnostic blood tests and X-rays are covered, but the following special procedures and diagnostic tests are provided subject to benefits included under the plan's special coverage and medical necessity criteria:
- a. Computerized tomography.
 - b. Magnetic Resonance Tests Imaging
 - c. Cardiac catheterization
 - d. Holter Tests
 - e. Doppler Tests
 - f. Stress Tests
 - g. Lithotripsy
 - h. Electromyography
 - i. Single Photon Emission Computerized – Tomography Test (SPECT)
 - j. Ocular Plethymography (OPG)
 - k. Impedance Plethymography
 - l. Other invasive and non-invasive cardiovascular, cerebrovascular, and neurosurgical procedures
 - m. Nuclear Medicine tests
 - n. Endoscopies for diagnostic purposes
 - o. Genetic Studies.
- 4.c. Family Planning Services: The coverage benefits of the Puerto Rico Medicaid and CHIP Programs provide the following Family Planning Services: (i) education and counseling, (ii) pregnancy testing, (iii) infertility assessment, (iv) sterilization services in accordance with 42 CFR 441.200 subpart F, (v) laboratory services, (vi) at least one of every class and category of FDA (Food and Drug Administration) approved contraceptive medication, (vii) cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC), and (viii) other FDA approved contraceptive medications or methods when it is medically necessary and approved through a prior authorization or exception process.
- 5.a. Physician services in the patient's home are provided based on medical necessity.

Transmittal No.: 15-001

Effective Date: April 1, 2015

Supersedes TN No.: 03-001-A

Approval Date: _____

SEP 09 2015

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

- 5b. Medical and surgical services provided by dentist are limited to the coverage services description on item (10).
- 6a. Podiatrist services are provided as remedial and incidental care rendered for attending special conditions under the Health Reform Plan's special coverage.
- 6b. Optometrist services are limited to vision evaluations and exams.
- 6c. Chiropractic services as determined medically necessary.
Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit for physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.
- 6d. Most types of practitioners are included, except for: alternative and sport medicine practitioners, iridologist, naturopaths, and cosmetic plastic surgeons.
- 7. Home Health Services
No FFP is claimed for Home Health Services.

Transmittal No.: 14-008 Effective Date: July 1, 2014
Supersedes TN No.: 03-001-A Approval Date: 12/17/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE
MEDICALLY NEEDY

11. Clinic services are provided according to and within to the State Plan coverage and complaint with 42 CFR 440.90, including preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients: (a) services furnished at the clinic by or under the direction of a physician or dentist and (b) services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. These clinics include Department of Health Clinics, Preven Clinics, Urgent Care Clinics, and Physician operated clinics.

12. Dental Services

a. Dental Services for Children Under 21 Years of Age

- All preventive and corrective dental services are covered for children under age 21 (0-20) as indicated under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit requirement.
- Orthodontic services to EPSDT eligible children as medically necessary to prevent and restore oral structures to health and function are covered. Orthodontic services for cosmetic purposes are not covered.
- Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21) and stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy.
- Anesthesia services (subject to prior authorization) for a child with physical or mental handicaps in compliance with federal and local laws. Those special conditions includes, but not limited to, the followings: (a) autism, (b) severe retardation, (c) severe neurologic impairment, (d) significant attention deficit disorders with hyperactivity, (e) significant or severe mental disorders, (f) disable or unable to follow commands, and (g) any other condition that at the dentist professional judgment, impaired the required patient cooperation and feasibility to adequately perform the dental procedure.
- All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

Transmittal No.: PR-16-0003

Effective Date: July 1, 2016

Supersedes TN No.: 15-0001

Approval Date: JULY 08, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

11. Clinic services are provided according to and within to the State Plan coverage and compliant with 42 CFR 440.90, including preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients: (a) services furnished at the clinic by or under the direction of a physician or dentist and (b) services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. These clinics include Department of Health Clinics, Preventive Clinics, Urgent Care Clinics, and Physician operated clinics.

12. Dental Services

a. Dental Services for Children Under 21 Years of Age

- All preventive and corrective dental services are covered for children under age 21 (0-20) as indicated under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit requirement.
- Orthodontic services to EPSDT eligible children as medically necessary to prevent and restore oral structures to health and function are covered. Orthodontic services for cosmetic purposes are not covered.
- Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21) and stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy.
- Anesthesia services (subject to prior authorization) for a child with physical or mental handicaps in compliance with federal and local laws. Those special conditions includes, but not limited to, the followings: (a) autism, (b) severe retardation, (c) severe neurologic impairment, (d) significant attention deficit disorders with hyperactivity, (e) significant or severe mental disorders, (f) disable or unable to follow commands, and (g) any other condition that at the dentist professional judgment, impaired the required patient cooperation and feasibility to adequately perform the dental procedure.
- All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

Transmittal No.: PR-16-0003

Effective Date: July 1, 2016

Supersedes TN No.: 15-0001

Approval Date: JULY 08, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/
TERRITORY: COMMONWEALTH OF PUERTO RICO

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

10. Dental Services

b. Dental Services for Members Age 21 and Over When It Is Medically Necessary

The services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.

Transmittal No.: 23-0004

Effective Date: January 1, 2023

Supersedes TN No.: 16-0003

Approval Date: May 12, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

- 11.a. Physical therapy and or chiropractor services as determined medically necessary.
- a. Initial 15 sessions available without prior authorization.
 - b. Additional 15 sessions require prior authorization.
 - c. The treatment limit is combined with the limit for chiropractic care.
 - d. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined.
 - e. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.
- 12.a. Prescribed drugs
- a. The PRHIA maintains a drug Formulary as the official formulary of drugs provided by the Health Reform Plan coverage, which contains most of the vast majority of therapeutic alternative categories available.
 - b. A preferred drug list (PDL) is also maintained as a cost-effective utilization tool in rendering prescription benefits under the Health Reform Plan.
 - c. The MCOs, MBHOs, and Direct Providers, that are contracted, agree to conduct the pharmacy billing and claims through the PRHIA's contracted Pharmacy Benefits Manager (PBM).
 - d. Under exceptional circumstances, a drug not included in the Formulary could be covered only through exceptional circumstances and procedure set forth below.

Transmittal No.: 15-001

Effective Date: April 1, 2015

Supersedes TN No.: 14-008

Approval Date: SEP 09 2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

Limitations and Conditions of the Prescription Services

- a. Contraceptives drugs are covered under the Health Reform Plan for the treatment of menstrual dysfunction and for birth control purposes, as follows:
 - (i) At least one of every class and category of FDA (Food and Drug Administration) approved contraceptive medication,
 - (ii) At least one of every class and category of FDA approved contraceptive method, and
 - (iii) Other FDA approved contraceptive medications or methods when it is medically necessary and approved through a prior authorization or exception process.
- b. Drugs required for the ambulatory or hospitalized treatment of diagnosed beneficiaries with AIDS or with an HIV positive factor are covered under the special coverage to include only antiretrovirals but excluding Protease inhibitors. The Protease inhibitors are not covered benefits financed under the Health Reform Plan, they are provided to Medicaid beneficiaries through coordination with the Regional Immunological Clinics of the Commonwealth Health Department's PASET Division.
- c. Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).
- d. New drugs for future inclusion are evaluated through an active process for revising on a continuous basis and evaluate the future inclusion of new medicines or the removal of medicines from the formulary. Considering the dynamic nature of this process, the PRHIA requires the inclusion or exclusion of medicines as changes and advances affect the standard practice for the treatment of conditions or developments of standard practices for the treatment of a condition or particular treatments.

Transmittal No.: 15-001

Effective Date: April 1, 2015

Supersedes TN No.: 14-008

Approval Date: _____

SEP 09 2015

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Description for Attachment 3.1-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

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**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):**

- e. No MCO, HCO, MBHO or providers can establish a different formulary from the one included in this addendum nor limit in any way the drugs and medications included in the formulary.
- f. In the event a beneficiary needs a drug or medicine that is not included in the formulary, the MCO, MBHO and providers will follow the usual pre-authorization procedure, to obtain drugs not included in the formulary. The provider shall have to obtain the MCOs prior approval considering and documenting the particular merits of each case, which could include among others the following criteria:
 - 1. A contraindication of drug that appears in the formulary.
 - 2. Adverse reaction history to the drug that appears in the formulary.
 - 3. Therapeutic failure to all available alternatives in the formulary.
 - 4. Non-existence of alternative therapy in the formulary.
- g. For acute conditions, the amount of medication to be dispensed shall be limited to the needed therapy, but never for more than fifteen (15) days. When medically necessary, additional prescriptions are covered.
- h. For chronic conditions (maintenance), the amount of the medication to be dispensed will be limited to a maximum of thirty (30) days. By prescribing physician recommendation, each prescription may be repeated up to six (6) times. When medically necessary, additional prescriptions are covered.
- i. The indications on prescriptions issued for treatment of children with Special Health Care Needs will indicate clearly the (30) day coverage therapy and that it can be repeated up to six (6) times. When medically necessary additional prescriptions will be covered.
- j. The use of bioequivalent medications and drugs approved by the FDA and local regulations is authorized, unless contraindicated for the beneficiary by the physician or dentist who prescribed the medication.
- k. The absence of bioequivalent medications in stock does not exonerate the Pharmacist from dispensing the medication nor does it entail the payment of additional surcharges by beneficiaries. Brand name drugs will be dispensed if the bioequivalent is not available at the pharmacy.
- l. All prescriptions shall be filled and dispensed at a participating pharmacy properly licensed under the laws of Puerto Rico freely chosen by the beneficiary.
- m. All prescriptions shall be dispensed contemporaneously with the date and hour that the beneficiary receives the prescription and requests that it be dispensed.

TN No. 03-001A
Supersedes
TN No. 84-3

Approval Date MAR 05 2004

Effective Date AUG 13 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

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

12 b. Dentures

Limited to upper and lower interim partial dentures once per lifetime.

All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

12 c. Prosthetic devices

Those include the body's extremities, 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 consists of a single or multi-focal lens 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 is covered when it is medically necessary and approved through a prior authorization process.

13a. Diagnostic Services

Some diagnostic services are subject to prior authorization. A physician or other licensed practitioner must recommend diagnostic services within the scope of their practice under State law.

13b. Screening Services

Gynecological and Prostate Cancer screening according to accepted medical practice, including the Papanicolaou test, mammography, and P.S.A. as may be medically necessary and according to the beneficiary's age. According to Puerto Rico's Health policies, forty (40) years has 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

13c. Preventive services

A comprehensive annual health evaluation for each beneficiary, to be performed by a qualified health professional including eye tests, hearing test, nutritional screening and evaluation, laboratories and all other exams and diagnostic tests, and immunizations commensurate with age, gender, and physical condition of the beneficiary. This annual evaluation complements the services for children and adolescents to be provided accordingly with the periodicity schedules published by the American Academy of Pediatrics and EPSDT under Title XIX of the Medicaid program. Follow-up visits will be provided to all beneficiaries based on medical necessity criteria established by the State.

All immunizations will be provided for children to age 21 and those necessary according to age, gender, and health condition of the beneficiary, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others. The Puerto Rico Department of Health provides vaccines to children ages 0-18 through the Children's Immunization Program. The coverage benefits of the Puerto Rico Medicaid Program also include immunizations for Medicaid beneficiaries' ages 19-20. Each managed care organization (MCO), contracted by the State, will contract with immunization providers, duly certified by the Puerto Rico Department of Health, to provide the immunization services. Immunizations will be administered without any charge or deductibles.

Counseling in physical health, oral health, and nutrition will be provided in accordance with the preventive service benefit to address the individual needs of the beneficiaries based on their health conditions.

Transmittal No.: 15-002

Effective Date: April 1, 2015

Supersedes TN No.: 03-001-A

Approval Date: September 11, 2015

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

Description of Limitation

13d. Rehabilitative services

The rehabilitative services provided are ambulatory. Except for physical therapy, all rehabilitative services such as: respiratory, occupational, and speech therapies services are unlimited.

Physical therapy and/or chiropractic services (chiropractic manipulation sessions) as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined for chiropractic care and physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 is allowed with medical necessity and requires a prior authorization process.

19. Ambulatory treatment, hospitalization and other TB related services and case management are covered under the Special Coverage.

20. The extended services for pregnant women besides covering all pre-natal, delivery and post-partum care services, include all medical and obstetrical nursing services during the delivery, be it natural childbirth, cesarean section, or any other complication; hospitalization beyond minimum stay terms in case of maternity, high risk or secondary conditions to the pregnancy by medical recommendation.

The minimum stay term for hospitalization for both mother and newborn will not be limited to less than 48 hours for normal vaginal delivery without complications and in the case of childbirth following cesarean section, the stay may not be limited to less than 96 hours for both mother and child.

24.a. Transportation

Limited to ambulance services in emergency cases, ground, maritime, and aerial ambulance services are covered within the territorial limits of Puerto Rico. No pre-authorization or pre-certification will be required in order to access these services. In general, the service shall be accessed either by beneficiary calling 911 or calling the local ambulance provider contracted and as instructed by the HCO and the MCO in the area.

For non emergency transportation the Commonwealth follows the methods described in attachment 3.1-D of this plan.

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: 03-001-A

Approval Date: 12/17/14

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy

vi. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

vii. Assurances

d. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

e. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

f. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

viii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

d. Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

Service	Description	Provider Type(s)
Individual Counseling	Individual counseling, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility.	Physician, Medical Psychiatrist, Psychologist, Social Worker
Group Counseling	Group counseling, insight oriented, behavior modifying and/or supportive.	Physician, Medical Psychiatrist, Psychologist, Social Worker
Mental Health Assessment by Non-Physician Professional	Mental health assessment is provided by someone other than a physician who is a trained staff member. The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness.	Psychologist, Social Worker
Treatment Plan Development and Modification	Development of a treatment plan and/or its modification, in relation to opioid use disorder.	Psychologist, Social Worker

- e. Please include each practitioner and provider entity that furnishes each service and component service.

See table in section iii.a. above.

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

- f. Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Provider Type	Qualifications
Physician	A person with a license to practice medicine as an M.D. or a D.O. in Puerto Rico, whether as a PCP or in the area of specialty under which he or she will provide medical services through a contract with the Contractor; and is a Provider enrolled in the Puerto Rico Medicaid Program; and has a valid registration number from the Drug Enforcement Agency and the Certificate of Controlled Substances of Puerto Rico, if required in his or her practice
Medical Psychiatrist	A person who possesses a license to practice medicine and a psychiatrist specialty license issued by the licensing agency of Puerto Rico and is enrolled in the Puerto Rico Medicaid Program or a properly trained person who practices psychiatry under the direct supervision of a licensed Provider
Psychologist	A person who possesses a Doctoral or Master's Degree in clinical or counseling psychology and a license issued by the licensing agency of Puerto Rico and is enrolled in the Puerto Rico Medicaid Program or a properly trained person who practices psychology under the direct supervision of a licensed Provider
Social Worker	A person who possesses a Master's Degree in social work and a current license issued by the licensing agency of Puerto Rico and is enrolled in the Puerto Rico Medicaid Program or a properly trained person who practices social work under the direct supervision of a licensed Provider

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

ix. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

x. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs and biologicals are covered so long as use is consistent with the FDA label in terms of indication, dose, duration, and patient age.

State of Puerto Rico

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Attachment 3 – Services: General Provisions

3.1-C. Benchmark Benefit Package and Benchmark Equivalent Benefit Package (provided in accordance with 1937 of the Act and 42 CFR Part 440).

The State/Territory provides benchmark benefits:

- Provided
- Not Provided

States/Territories can have more than one alternative/benchmark benefit plan for different individuals in the new optional group. If the State/Territory has more than one alternative benefit plan, as in the example below, then a pre-print would need to appear for each additional Benchmark Plan title. (Ex: if the box signifying "Plan A" was checked then the remainder of the pre-print that would appear would be specific only to "Plan A". If "Plan B" was checked then the following pre-print that would appear would be a completely new pre-print that would be filled out by the State/Territory and would correlate to "Plan B" only.)

State MiSalud Benefit Package A

1. Populations and geographic area covered

- a) Individuals eligible under groups other than the early option group authorized under section 1902(a)(10)(A)(i)(VIII) and 1902(k)(2)

The State/Territory will provide the benefit package to the following populations:

- (i) Populations who are full benefit eligibility individuals in a category established on or before February 8, 2006, who will be required to enroll in an alternative benefit plan to obtain medical assistance.

Note: Populations listed below may not be required to enroll in a benchmark plan. The Benchmark-exempt individuals under 1937(a)(2)(B) are:

- A pregnant woman who is required to be covered under the State/Territory plan under section 1902(a)(10)(A)(i) of the Act.
- An individual who qualifies for medical assistance under the State/Territory plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.
- An individual entitled to benefits under any part of Medicare.

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- An individual who is terminally ill and is receiving benefits for hospice care under title XIX.
- An individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and is required, as a condition of receiving services in that institution under the State/Territory plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- An individual who is medically frail or otherwise an individual with special medical needs. For these purposes, the State/Territory's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in 42 CFR §438.50(d)(3), children with serious emotional disturbances, individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- An individual who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.
- An individual with respect to whom child welfare services are made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.
- A parent or caretaker relative whom the State/Territory is required to cover under section 1931 of the Act.
- A woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act.
- An individual who qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.
- An individual who is only covered by Medicaid for care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.
- An individual determined eligible as medically needy or eligible because of a reduction of countable income based on costs incurred for medical or other remedial care under section 1902(f) of the Act or otherwise based on incurred medical costs.

For full benefit Medicaid eligibility groups included in the alternative benefit plan, please indicate in the chart below:

- Each eligibility group the State/Territory will require to enroll in the alternative benefit plan;
- Each eligibility group the State/Territory will allow to voluntarily enroll in the alternative benefit plan;
- Specify any additional targeted criteria for each included group (e.g., income standard);
- Specify the geographic area in which each group will be covered.

Required Enrollment	Opt-In Enrollment	Full-Benefit Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
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		Mandatory categorically needy low-income families and children eligible under section 1925 for Transitional Medical Assistance		
		Mandatory categorically needy poverty level infants eligible under 1902(a)(10)(A)(i)(IV)		
		Mandatory categorically needy poverty level children aged 1 up to age 6 eligible under 1902(a)(10)(A)(i)(VI)		
		Mandatory categorically needy poverty level children aged 6 up to age 19 eligible under 1902(a)(10)(A)(i)(VII)		
		Other mandatory categorically needy groups eligible under 1902(a)(10)(A)(i) as listed below and include the citation from the Social Security Act for each eligibility group: <ul style="list-style-type: none">••••		
		Optional categorically needy poverty level pregnant women eligible under 1902(a)(10)(A)(ii)(IX)		
		Optional categorically needy poverty level infants eligible under 1902(a)(10)(A)(ii)(IX)		
		Optional categorically needy AFDC-related families and children eligible under 1902(a)(10)(A)(ii)(I)		
		Medicaid expansion/optional targeted low-income children eligible under 1902(a)(10)(A)(ii)(XIV)		
		Other optional categorically needy groups eligible under 1902(a)(10)(A)(ii) as listed below and include the citation from the Social Security Act for each eligibility group: <ul style="list-style-type: none">••••		

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(ii) The following populations will be given the option to voluntarily enroll in an alternative benefit plan. Please indicate in the chart below:

- Each population the State/Territory will allow to voluntarily enroll in the alternative benefit plan,
- Specify any additional targeted criteria for each included population (e.g., income standard).
- Specify the geographic area in which each population will be covered.

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	Mandatory categorically needy low-income parents eligible under 1931 of the Act		
	Mandatory categorically needy pregnant women eligible under 1902(a)(10)(A)(i)(IV) or another section under 1902(a)(10)(A)(i):		
	Individuals qualifying for Medicaid on the basis of blindness		
	Individuals qualifying for Medicaid on the basis of disability		
	Individuals who are terminally ill and receiving Medicaid hospice benefits under 1902(a)(10)(A)(ii)(VII)		
	Institutionalized individuals assessed a patient contribution towards the cost of care		
	Individuals dually eligible for Medicare and Medicaid (42 CFR §440.315)		
	Disabled children eligible under the TEFRA option - section 1902(e)(3)		
	Medically frail and individuals with special medical needs		
	Children receiving foster care or adoption assistance under title IV-E of the Act		
	Women needing treatment for breast or cervical cancer who are eligible under 1902(a)(10)(A)(ii)(XVIII)		
	Individuals eligible as medically needy under section 1902(a)(10)(C)		
	Individuals who qualify based on medical condition for long term care services under 1917(c)(1)(C)		

Limited Services Individuals

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	TB-infected individuals who are eligible under		

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	1902(a)(10)(A)(ii)(XII)		
	Illegal or otherwise ineligible aliens who are only covered for emergency medical services under section 1903(v)		

11 (iii) When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt populations, prior to enrollment the State/Territory assures it will:

- Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.
- Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.
- Document in the exempt individual's eligibility file that:
 - The individual was informed in accordance with this section prior to enrollment,
 - The individual was given ample time to arrive at an informed choice,
 - The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.
- For individuals the State/Territory determines have become exempt from enrollment in a benchmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt and the State/Territory must comply with all requirements related to voluntary enrollment. Please describe below the process the State/Territory will use to comply with this requirement.
- The State/Territory will promptly process all requests made by exempt individuals for disenrollment from the benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access to all standard State/Territory plan services while the disenrollment request is being processed.
- The State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.

For populations/individuals (checked above in 1a. & 1b.) who voluntarily enroll, describe in the below the manner in which the State/Territory will inform each individual that:

- Enrollment is voluntary;
- Each individual may choose at any time not to participate in an alternative benefit package and;
- Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.

b) Individuals eligible under the early option group authorized under sections 1902(a)(10)(A)(i)(VIII) and 1902 (k)(2)

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Note: Individuals in the early option group who are exempt from mandatory enrollment in Benchmark coverage under 1937(a)(2)(B) CANNOT be mandated into a Benchmark plan. However, State/Territories may offer exempt individuals the opportunity to voluntarily enroll in the Benchmark plan.

~~Individuals who will be enrolled in the State MiSalud Benefit Package A will be receiving the same benefits as the other Medicaid beneficiaries in the MiSalud Program.~~

- 1 (i) The State/Territory has chosen to offer the populations/individuals in the early option group who are exempt from mandatory enrollment in the benchmark benefit plan the option to voluntarily enroll in the benchmark benefit plan. Please specify whether the benchmark will cover these individuals Statewide/Territory-wide or otherwise.
- 1 (ii) When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt populations, prior to enrollment the State/Territory assures it will:
- Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.
 - Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.
 - Document in the exempt individual's eligibility file that:
 - The individual was informed in accordance with this section prior to enrollment,
 - The individual was given ample time to arrive at an informed choice,
 - The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.
 - For individuals the State/Territory determines have become exempt from enrollment in a benchmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt and the State/Territory must comply with all requirements related to voluntary enrollment. Please describe below the process the State/Territory will use to comply with this requirement.
 - The State/Territory will promptly process all requests made by exempt individuals for disenrollment from the benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access to all standard State/Territory plan services while the disenrollment request is being processed.
 - The State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.
 - For populations/individuals (checked above in 1a. & 1b.) who voluntarily enroll, describe below the manner in which the State/Territory will inform each individual that:
 - Enrollment is voluntary;

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- Each individual may choose at any time not to participate in an alternative benefit package and;
- Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.

2. Description of the Benefits

The State/Territory will provide the following alternative benefit package (check the one that applies).

a) Benchmark Benefits

- FEHBP-equivalent Health Insurance Coverage** – The standard Blue Cross/Blue Shield preferred provider option services benefit plan, described in and offered under section 8903(l) of Title 5, United States Code.
- State/Territory Employee Coverage** – A health benefits coverage plan that is offered and generally available to State/Territory employees within the State/Territory involved.

Please provide below either a World Wide Web URL (Uniform Resource Locator) link to the State/Territory’s Employee Benefit Package or insert a copy of the entire State/Territory Employee Benefit Package.

- Coverage Offered Through a Commercial Health Maintenance Organization (HMO)** – The health insurance plan that is offered by an HMO (as defined in section 2791(b)(3) of the Public Health Service Act), and that has the largest insured commercial, non-Medicaid enrollment of such plans within the State/Territory involved.

The State/Territory assures that it complies with all Managed Care regulations at 43 CFR §438

Please provide below either a World Wide Web URL link to the HMO’s benefit package or insert a copy of the entire HMO’s benefit package.

- Secretary-approved Coverage** – Any other health benefits coverage that the Secretary determines provides appropriate coverage for the population served. Provide below a full description of the benefits in the plan, including any applicable limitations. Also include a benefit by benefit comparison to services in the State/Territory plan or to services in any of the three Benchmark plans above.

~~State MiSalud Benefit Package A will include the same benefits as the benefits provided in the Puerto Rico State plan.~~

b) Benchmark-Equivalent Benefits.

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Please specify below which benchmark plan or plans this benefit package is equivalent to:

(i) Inclusion of Required Services – The State/Territory assures the alternative benefit plan includes coverage of the following categories of services: (Check all that apply).

Inpatient and outpatient hospital services;

Physicians' surgical and medical services;

Laboratory and x-ray services;

Coverage of prescription drugs

Mental health services

Well-baby and well-child care services as defined by the State/Territory, including age-appropriate immunizations in accordance with the Advisory Committee on Immunization Practices;

Emergency services

Family planning services and supplies

(ii) Additional services

Please list the additional services being provided.

Please insert below a full description of the benefits in the plan including any additional services and limitations.

(iii) The State/Territory assures that the benefit package has been determined to have an aggregate actuarial value equivalent to the specified benchmark plan in an actuarial report that:

- Has been prepared by an individual who is a member of the American Academy of Actuaries;
- Using generally accepted actuarial principles and methodologies;
- Using a standardized set of utilization and price factors;
- Using a standardized population that is representative of the population being served;
- Applying the same principles and factors in comparing the value of different coverage (or categories of services) without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used; and
- Takes into account the ability of a State/Territory to reduce benefits by taking into account the increase in actuarial value of benefits coverage without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used and taking

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into account the ability of the State/Territory to reduce benefits by considering the increase in actuarial value of health benefits coverage offered under the State/Territory plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.

Please insert a copy of the report.

- (iv) The State/Territory assures that if the benchmark plan used by the State/Territory for purposes of comparison in establishing the aggregate value of the benchmark-equivalent package includes any of the following two categories of services, the actuarial value of the coverage for each of these categories of services in the benchmark-equivalent coverage package is at least 75 % of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State/Territory:

- Vision services, and/or
- Hearing services

Please insert below a description of the categories of benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the category of services included in the benchmark benefit plan.

c) Additional Benefits

If checked please insert a full description of the additional benefits including any limitations.

3. Service Delivery System

Check all that apply.

- The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements of section 1902(a) and implementing regulations relating to payment and beneficiary free choice of provider. (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology.)
- The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements cited above, except that it will be operated with a primary care case management system consistent with section 1905(a)(25) and 1905(t). (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology.)
- The alternative benefit plan will be provided through a managed care organization consistent with applicable managed care requirements (42 CFR §438, 1903(m), and 1932).
- The alternative benefit plan will be provided through PIHPs (Pre-paid Inpatient Health Plan) consistent with 42 CFR §438.

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- The alternative benefit plan will be provided through PAHPs (Pre-paid Ambulatory Health Plan).
- The alternative benefit plan will be provided through a combination of the methods described above. Please describe how this will be accomplished. (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology when applicable.)

The alternative benefit plan will be provided to all Enrollees in the MiSalud Program who are eligible for the early option group and are not exempt from mandatory enrollment in a benchmark benefit plan through either (i) an MCO arrangement or (ii) a TPA (PIHP) arrangement depending on service region. For the avoidance of doubt the TPA will provide all services under the MiSalud Program including both inpatient and outpatient.

4. Employer Sponsored Insurance

- The alternative benefit plan is provided in full or in part through premiums paid for an employer sponsored health plan.

5. Assurances

- The State/Territory assures EPSDT services will be provided to individuals under 21 years old who are covered under the State/Territory Plan under section 1902(a)(10)(A).
- Through Benchmark only
- As an Additional benefit under section 1937 of the Act
- The State/Territory assures that individuals will have access to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).
- The State/Territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Act.
- The State/Territory assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries.

The alternative benefit package includes emergency transportation services and will provide non-emergency transportation services in accordance with the corrective action plan.

- The State/Territory assures that family planning services and supplies are covered for individuals of child-bearing age.

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Family planning counseling is the responsibility of contracted providers and the health plans providing MiSalud services. Covered individuals are directed to 330 Centers, Community Health Centers and clinics to receive available methods of birth control.

6. Economy and Efficiency of Plans

The State/Territory assures that alternative benefit coverage is provided in accordance with Federal upper payment limits procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

7. Compliance with the Law

The State/Territory will continue to comply with all other provisions of the Social Security Act in the administration of the State/Territory plan under this title.

8. Implementation Date

The State/Territory will implement this State/Territory Plan amendment on October 1, 2011 (date).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Commonwealth of Puerto Rico

The Department of Health is the state licensing agency for Hospitals, Nursing Homes and intermediate care health facilities. The Office of Licensure and Certification of Health Facilities determines, issue the standards and supervises the efficient operation of health facilities in Puerto Rico; except for free standing laboratories that are licensed by the Institute of Laboratories according to standards promulgated by the Secretary of Health.

A register of licensed hospitals and nursing homes in Puerto Rico is published annually by said Office. A listing of licensed laboratories is published by the Institute.

The Office of Licensure and Certification of Health Facilities has a staff of qualified inspectors and consultants that visit periodically the licensed facilities to assure continuing eligibility. The Institute has its own staff that visits free standing laboratories regularly.

Standards and records relative to licensing and certification of health facilities and free standing laboratories are available to the Medical Assistance Program.

St. PR 6/20/74 Record 10/5/74 Effective 4/1/74

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF Commonwealth of Puerto Rico

Methods utilized by the Department of Health for the Transportation of Medicaid Recipients of Services:

1. Transportation Services will be provided in Municipal and/or Department of Health ambulances including contract facilities for emergency cases, regardless of need.
2. Categorically needy and Medically needy persons who can not afford to pay their traveling expenses for services provided under this plan, other than emergency services, are eligible for emergency transportation services provided by the Department of Social Services.
3. Transportation other than ambulance services is provided in public cars and other means of public transportation, according to fees established by the Public Service Commission, or at customary local rates, whichever is applicable, and paid usually by the municipality.

OFFICIAL

TN# 843
Supersedes
TN# 741

approval date MAY 24 1985
effective date OCT 1 1984

OFFICIAL

OMB No. 0938-0193

Attachment 3.1-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Skin, bone, and corneal transplants are covered.

All other organ and tissue transplants are not covered including (i) expenses brought about by such transplants of organs and tissues not covered in the State Plan, and (ii) hospitalization, complications, and chemotherapy related to transplants not covered in the State Plan.

Maintenance prescriptions and required clinical laboratories for the continuity of a stable health condition, as well as any emergencies which could alter the effects of the previous procedure, are covered.

Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).

Transmittal No.: 14-008

Effective Date: July 1, 2014

Supersedes TN No.: NEW

Approval Date: 12/17/14

NEW

OFFICIAL

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

ATTACHMENT 3.2-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Puerto Rico

Territory: _____

COORDINATION OF TITLE XIX WITH PART B OF TITLE XVIII

The following method is used to provide the entire range of benefits under Part B of title XVIII to the groups of Medicare-eligible individuals indicated:

1. Buy-in agreement with the Secretary of HEW. This agreement covers:
- a. Money payment recipients under the State plan under title I or XVI of the Act.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System:

Are included

Are not included

- b. Money payment recipients under all of the State plans under titles I, IV-A, X, XVI, and XVI of the Act.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System:

Are included

Are not included

- c. All individuals eligible under this title XIX plan.

Not applicable

TN No. 92-2
Supersedes
Tn No. 91-2

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

OFFICIAL

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

ATTACHMENT 3.2-A
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

COORDINATION OF TITLE XIX WITH PART B OF TITLE XVIII

-
-
2. A group payment arrangement entered into with the Social Security Administration. This arrangement covers the groups specified below:
3. Payment of deductible and coinsurance costs. Such payments are made in behalf of the groups specified below:

Not Applicable

TN No. 92-2 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
Supersedes New
Tn No. New HCFA ID: 7984E



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Alternative Benefit Plan Populations ABPI

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

Will the Alternative Benefit Plan population include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

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 5 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.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) (i)(VIII) of the Act **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

Puerto Rico submitted to CMS the Benchmark Plan and identified Triple S Optimo. Puerto Rico then formed formed a workgroup comprised of individuals from ASES and Medicaid to guide the development of the Alternative Benefit Plan. The workgroup provided oversight for the completion of a crosswalk of benefits to the benchmark plan and the current Puerto Rico State Plan and identified service revisions and potential substitution of services. The plans were aligned in most areas however the following benefits were identified for new service or substitution. Throughout the development process, Puerto Rico participated in weekly technical assistance calls led by Central and Regional CMS staff. Throughout these calls sections of the draft ABP were submitted informally and discussed. Each substitution of service and proposed SPA was reviewed by ASES Actuary to ensure alignment of the substitutions of service. Fiscal Impact/PMPM cost estimates were prepared by the actuary for new services. The benefits in the Alternative Benefit Plan are the same as those offered in the Puerto Rico State Plan. In addition the services included meet the requirements of all Essential Health Benefits.

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 5 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.20131219