

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building
26 Federal Plaza
Room 37-100
New York, New York 10278-0063



April 26, 2012

Walter R. Dobek, Acting Executive Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, Puerto Rico 00935-8184

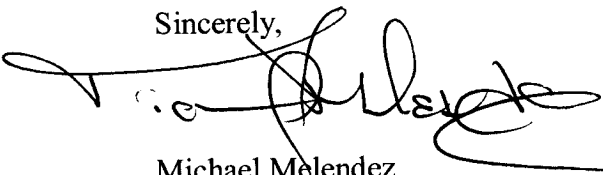
Dear Mr. Dobek:

We have completed our review of Puerto Rico State Plan Amendment submittal 11-002, "Early Expansion" (Attachment 2.2-A, Pages 6a, 6b, 6b1) and find it acceptable for incorporation into Puerto Rico's Medicaid Plan, effective July 1, 2011. Enclosed please find copies of State Plan Amendment 11-002 and Form CMS-179.

Please note that as discussed, we have made the requested pen and ink changes to box 8 of the CMS-179 correcting the text to read "Attachment 3.1 pages. 1-11 (TN. No. 11-004) - DELETE" as well as adding the text "Attachment 2.2-A, pages 6a, 6b, and 6b1 (TN. No. 11-004) - DELETE". This is to reflect that these pages are being removed from the state plan as they are no longer applicable. Additionally, pen and ink changes were made to the footer of Attachment 2.2-A pages 6a, 6b, and 6b1 to reflect that the TN No: is **11-002**.

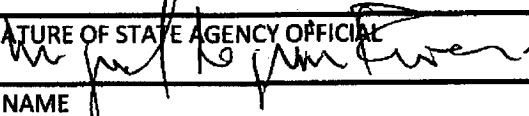

If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,



Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1</u> <u>1</u> <u>0</u> <u>0</u> <u>2</u>	2. STATE Puerto Rico
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 1937 of Social Security act CFR Part 440	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$ 68,656,005 b. FFY 2012 \$ 274,624,020	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT Attachment 2.2 A pgs. 6A, 6B, 6B1 Attachment 3.1 C pgs. 1-11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHEMENT (If Applicable) N/A	
10. SUBJECT OF AMENDMENT Early Expansion		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00935-8184	
13. TYPE NAME MIGUEL NEGRÓN-RIVERA		
14. TITLE EXECUTIVE DIRECTOR		
15. DATE SUBMITTED September 30, 2011		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED April 26, 2012	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Michael Melendez	21. TITLE Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS		

OFFICIAL

TERRITORY: Puerto Rico

Agency Citation(s)

Groups Covered

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

1902(a)(10)(A)(i)(VIII)
1902(k)(2)

13. Option to Provide Coverage to the Lowest Income Population that Becomes Mandatory in 2014.

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.

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 July 1, 2011 (cannot be earlier than April 1, 2010).

The income standard applicable to individuals eligible under this early option is \$400 per month or less (cannot exceed 133 percent of FPL).

NOTE: No resource test is applicable to this group.

TN No:

Approval Date APR 26 2012

Effective Date JUL 01 2011

Supersedes TN No. _____

CMS - _____ (mm/yyyy)

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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

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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)

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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 air, (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.

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