
Table of Contents

State/Territory Name: **PUERTO RICO**

State Plan Amendment (SPA) #: **13-004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100 North
New York, NY 10278



January 28, 2014

Ricardo A Colon Padilla, CPA
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, Puerto Rico 70184

Dear Mr. Colon:

We have completed our review of the submission of Puerto Rico State Plan Amendment (SPA) 13-004 which was received in our office on December 2, 2013 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan. This SPA proposes to change the service limits for comprehensive tobacco cessation services provided to pregnant women, including both counseling and pharmacotherapy, without cost sharing. In accordance with Section 4107 of the Patient Protection and Affordable Care Act, this SPA will modify current coverage of smoking cessation counseling (SCC) services for all Medicaid recipients, including pregnant women, to include up to two quit attempts per 12 months, which will include up to 4 face-to-face counseling sessions per quit attempt; thus increasing the limits on counseling sessions from 6 to 8 per 12 months.

Please note that the approval date of this SPA is January 28, 2014 with an effective date of October 1, 2013. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.


If you have any questions, or wish to discuss this further, please contact Ivelisse Salce of my staff at (212) 616-2411

Sincerely,

/s/

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

Cc: Elizabeth Garbarczyk

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1</u> <u>3</u> <u>0</u> <u>0</u> <u>4</u>	2. STATE Puerto Rico
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE October 1, 2013	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1905 of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 0 (Services already covered via managed care contracts) b. FFY 2014 \$ 0 (Services already covered via managed care contracts)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT Attachment 3.1A, p. 2 Attachment 3.1B, p. 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A, p. 2, Attachment 3.1B, p.2	
10. SUBJECT OF AMENDMENT Smoking Cessation Counseling Services for Pregnant Women			
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 00936-8184	
13. TYPE NAME RICARDO A. COLON-PADILLA			
14. TITLE EXECUTIVE DIRECTOR			
15. DATE SUBMITTED DECEMBER 2, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED January 28, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Michael Melendez		21. TITLE Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS			

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 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 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