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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 22-0005

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) Approved SPA pages
- 3) CMS-179 form

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 7, 2022

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

Re: Puerto Rico State Plan Amendment (SPA) 22-0005

Dear Ms. Collazo:

The Centers for Medicare and Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) PR 22-0005 to remove the expiration date from PR SPA 21-0012 and modify the income disregard for certain categorically needy and medically needy eligibility groups in the Puerto Rico Medicaid program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations: Section 1902(a)(10)(C)(i) and 1902(r)(2); 42 CFR 436.320; 436.321 & 436.322. This letter is to inform you that we approved Puerto Rico Medicaid SPA 22-0005 on October 7, 2022, with an effective date of October 1, 2022.

If you have questions, please get in touch with Ivelisse Salce at 212-616-2411 or via email at Ivelisse.Salce@cms.hss.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

cc: Nicole McKnight Ivelisse Salce

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE			
STATE PLAN MATERIAL	2 2 — 0 0 0 5 PR			
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL			
	SECURITY ACT O XIX XXI			
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2022			
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)			
§1902(a)(10)(C)(i) and §1902(r)(2) of the Social Security Act; 42	CFI a FFY 2023 \$ 0 b. FFY 2024 \$ 0			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION			
Supplement 1 to Attachment 2.6-A, Page 1 Supplement 8A to Attachment 2.6-A, Page 1	OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 2.6-A, Page 1			
Supplement 8A to Attachment 2.6-A, Page 2	Supplement 8A to Attachment 2.6-A, Page 1			
Supplement 8b to Attachment 2.6-A, Page 1	Supplement 8A to Attachment 2.6-A, Page 2			
	Supplement 8b to Attachment 2.6-A, Page 1			
9. SUBJECT OF AMENDMENT				
To remove the sunset date for the Income Disregards that increase	se the effective monthly income standard for the Optional Catego			
10. GOVERNOR'S REVIEW (Check One)				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO			
	ERTO RICO MEDICAID PROGRAM ERTO RICO DEPARTMENT OF HEALTH			
12. TYPED NAME	BOX 70184			
13. TITLE	SAN JUAN PR 00926-8184			
Program Director				
14. DATE SUBMITTED 08/26/2022				
FOR CMS U	JSE ONLY			
16. DATE RECEIVED 08/26/2022	17. DATE APPROVED 10/07/2022			
PLAN APPROVED - OI	NE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2022	19. SIGNATURE OF APPROVING OFFICIAL			
	04 71715 05 40000 1110			
James G. Scott	TITLE OF APPROVING OFFICIAL			
	Director, Division of Program Operations			
22. REMARKS				
FORM CMS-179 (09/24) Instruction	s on Rack			

Instructions on Back

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

August 1991 Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Territory: <u>Puerto Rico</u>

INCOME ELIGIBILITY LEVELS

A. CATEGORICALLY NEEDY

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

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			

Transmittal No.: PR-22-0005 Effective Date: 10/01/2022 Supersedes TN No.: PR-21-0012 Approval Date: 10/07/2022

Revision: December 2013

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)

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

42 C.F.R. §436.320

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.

Transmittal No.: PR-22-0005 Effective Date: 10/01/2022 Supersedes TN No.: PR-21-0012 Approval Date: 10/07/2022

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

	Non-MAGI		Non-MAGI				
	Optional Categorically Needy ABD ***		Medically Needy All Groups ****				
Household	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,						
				creases from 50 to	99 cents to th	e next dollar.	
	•		1 and \$2.50 becom				
**	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						

 Transmittal No.: PR-22-0005
 Effective Date: 10/01/2022

 Supersedes TN No.: PR-21-0012
 Approval Date: 10/07/2022

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.

Transmittal No.: PR-22-0005 Effective Date: 10/01/2022 Supersedes TN No.: PR-21-0012 Approval Date: 10/07/2022