

PR - Submission Package - PR2023MS0001O - (PR-23-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#)

[Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	PR2023MS0001O	Submission Type	Official
Program Name	N/A	State	PR
SPA ID	PR-23-0001	Region	New York, NY
Version Number	2	Package Status	Approved
Submitted By	Luz Cruz-Romero	Submission Date	3/9/2023
Package Disposition		Approval Date	5/24/2023 11:58 AM EDT
Priority Code	P2		
Lead Division	DMEP		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and Children Health Insurance Program (CHIP)
26 Federal Plaza
Room 37-100
New York, NY 10278



Center for Medicaid & CHIP Services

May 24, 2023

Dinorah Collazo-Ortiz
Executive Director
Puerto Rico Medicaid Program
PO Box 70184
San Juan, PR 00936-8184

Re: Approval of State Plan Amendment PR-23-0001

Dear Dinorah Collazo-Ortiz,

On March 09, 2023, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-23-0001, in which Puerto Rico proposed to verify its AFDC income standards and local poverty level for the Puerto Rico Medicaid Program.

We approve Puerto Rico State Plan Amendment (SPA) PR-23-0001 with an effective date(s) of January 01, 2023.

I have enclosed a copy of the approved State Plan pages and the signed CMS-179 form for incorporation into the Puerto Rico State Plan.

If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov

Sincerely,
James G Scott
Director Division of Program
Operations
Center for Medicaid & CHIP Services

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	3/9/2023
Approval Date	5/24/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Puerto Rico

Medicaid Agency Name: Puerto Rico Medicaid Program

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

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Superseded SPA ID N/A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 3/9/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID PR-23-0001

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	3/9/2023
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	2023	\$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 | 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 3/9/2023
Effective Date N/A

Governor's Office Review

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

Describe Delegated to the State Medicaid Director.

Submission - Public Comment

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	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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	N/A
Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

Medicaid State Plan Eligibility

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		

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
3	\$103.00
4	\$135.00
5	\$168.00
6	\$201.00
7	\$234.00
8	\$267.00

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	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		

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
5	\$160.00
6	\$192.00
7	\$224.00
8	\$256.00

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	3/9/2023
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 | 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		

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	3/9/2023
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)

Medicaid State Plan Eligibility

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	3/9/2023
Approval Date	5/24/2023	Effective Date	1/1/2023
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)
- 2. The Local Poverty Level (LPL)

Household Size	Amount
1	\$963.00
2	\$1297.00
3	\$1631.00
4	\$1966.00
5	\$2300.00
6	\$2634.00
7	\$2969.00
8	\$3303.00
9	\$3637.00
10	\$3972.00
11	\$4306.00
12	\$4640.00
13	\$4975.00
14	\$5309.00
15	\$5643.00
16	\$5978.00
17	\$6312.00
18	\$6646.00

b. The amounts above are related to the following time period:

- Monthly
- Yearly

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	3/9/2023
Approval Date	5/24/2023	Effective Date	1/1/2023
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.

This view was generated on 5/24/2023 12:39 PM EDT