SECTION 2 - COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid ........................................ 10
2.2 Coverage and Conditions of Eligibility ................................................................. 12
2.3 Residence .................................................................................. 13
2.4 Blindness ............................................................................ 14
2.5 Disability ............................................................................. 15
2.6 Financial Eligibility ................................................................. 16
2.7 Medicaid Furnished Out of State .................................................. 18
SECTION 2 - COVERAGE AND ELIGIBILITY

Puerto Rico

Citation 2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

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

OMB No.: 0938-

Territory: Puerto Rico

Citation 2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 92-2
Supersedes
TN No. 78-7

Approval Date MAY 1 1992
Effective Date JAN 1 - 1999

HCFA ID: 7934E
Not applicable

Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §§1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(i)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

Not Applicable

Puerto Rico does not cover poverty level persons.
Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

☐ Mandatory categorically needy and other required special groups only.

☐ Mandatory categorically needy, other required special groups, and specified optional groups.

☐ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

1902(a)(10)(A) & (E), 1902(l) & (m), 1905(p) and (q) and 1920 of the Act

All applicable requirements of 42 CFR Part 436 and sections 1902(a)(10)(A)(I)(IV), (V), and (VI), 1902(a)(10)(A)(II)(IX), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), and 1920 of the Act are met.
Medicaid Eligibility

State Name: Puerto Rico

Transmittal Number: PR - 15-0003

Non-Financial Eligibility

State Residency

42 CFR 435.403

State Residency

The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - Intends to reside in the state, including without a fixed address, or
  - Entered the state with a job commitment or seeking employment, whether or not currently employed.

- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.

- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - Residing in the state, with or without a fixed address, or
  - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.

- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.

- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.

- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.

- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.

- IV-E eligible children living in the state, or

- Otherwise meet the requirements of 42 CFR 435.403.
**Medicaid Eligibility**

Meet the criteria specified in an interstate agreement.

- [ ] Yes  
- [ ] No

The state has a policy related to individuals in the state only to attend school.

- [ ] Yes  
- [ ] No

- [ ] Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

- [ ] Yes  
- [ ] No

Provide a description of the definition:

Temporary absences occur when a beneficiary leave Puerto Rico for specific purposes with time-limited goals. The Puerto Rico Medicaid Program does not deny or terminate a Puerto Rico resident's Medicaid eligibility because of that person's temporary absence from Puerto Rico if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined that the person is a resident there for purposes of Medicaid. Therefore, if the individual is receiving Medicaid benefits from another state, he or she is no longer considered a resident of Puerto Rico, and Puerto Rico Medicaid Program benefits should be terminated.

**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
All of the requirements of 42 CFR 436.530 and 42 CFR 436.531 are met. The definition of blindness in terms of ophthalmic measurement used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

Citation 2.4 Blindness
42 CFR 436.530(b)
42 CFR 436.531
Disability

All of the requirements of 42 CFR 436.540 and 42 CFR 436.541 are met. The definition of permanent and total disability that is used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.
2.6 Financial Eligibility

(a) The financial eligibility conditions for the Medicaid only eligibility groups and persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

(b) Qualified Medicare Beneficiaries

The financial eligibility requirements for qualified Medicare beneficiaries are described in ATTACHMENT 2.6-A.

X Not applicable. Qualified Medicare beneficiaries are not included in the plan.

(c) Qualified Disabled and Working Individuals

The financial eligibility requirements for qualified disabled and working individuals are described in ATTACHMENT 2.6-A.

X Not applicable. Qualified disabled and working individuals are not included in the plan.

(d) Specified Low-Income Medicare Beneficiaries

The financial eligibility requirements for specified low-income Medicare beneficiaries are described in ATTACHMENT 2.6-A.

X Not applicable. Specified low-income Medicare beneficiaries are not included in the plan.
2.6(b) Medically needy.

All requirements of 42 CFR Part 436, Subparts G and I are met with respect to the families and individuals to whom the requirements apply. The levels of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are described in ATTACHMENT 2.6-A.

Not applicable. The medically needy are not included under this plan.
Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.