

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 13-005-B**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



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June 10, 2015

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 Padilla:


Enclosed is an approved copy of Puerto Rico's State Plan Amendment 13-005-B, which was submitted to CMS on December 26, 2013. This SPA incorporates the Codification of Aged, Blind and Disabled (ABD) Medically Needy Disregards into Puerto Rico's state plan.

Please be informed this SPA was approved on June 10, 2015 with an effective date of December 31, 2013.

Please note that as agreed we have substituted the originally submitted pages with those transmitted to CMS via e-mail on June 4, 2015. We are enclosing the CMS 179 and the amended plan page, Supplement 8A, page 1.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Patricia Ryan at 212-616-2436 or [Patricia.Ryan@cms.hhs.gov](mailto:Patricia.Ryan@cms.hhs.gov).

Sincerely,

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>PR-13-005-B</b>	2. STATE PUERTO RICO
	3. PROGRAM IDENTIFICATION: 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 DECEMBER 31, 2013	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION SECTION 1902 OF THE SOCIAL SECURITY ACT	7. FEDERAL BUDGET IMPACT a. FFY 2014 (3 quarters)      \$ 0 b. FFY 2015      \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 8A to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 8A to Attachment 2.6-A, page 1
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10. SUBJECT OF AMENDMENT  
**CODIFICATION OF AGED, BLIND, AND DISABLED (ABD) MEDICALLY NEEDY DISREGARD**

11. 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

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. COLÓN-PADILLA, CPA	
14. TITLE EXECUTIVE DIRECTOR	
15. DATE SUBMITTED DECEMBER 26, 2013	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED 06/10/2015
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL 12/31/2013	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Michael Melendez	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS	

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)	Provision(s)
42 CFR 436.320 42 CFR 436.321 42 CFR 436.322	For the Medically Needy Aged, Blind, and Disabled, Puerto Rico will disregard countable earned and unearned income equal to the difference between the medically needy income level standard for the appropriate family size*, and the income limits described in the chart displayed below.

\* As defined in Supplement 1 to Attachment 2.6-A, Page 6

Household size	Monthly Income Limit **
1	\$800
2	\$1,000
3	\$1,200
4	\$1,400
5	\$1,600
6	\$1,800
7	\$2,000
8	\$2,200
Each Additional	Additional \$200

\*\* Net income limits.

Transmittal No.: 13-005-B

Effective Date: December 31, 2013

Supersedes TN No.: 07-01

Approval Date: JUNE 10, 2015