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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 20-0013

This file contains the following documents in the order listed:

- 1) Approval letter
- 2) CMS-179 form
- 3) Approved SPA pages

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



December 11, 2020

Luz E. Cruz- Romero
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Dear Ms. Cruz-Romero:

RE: SPA# 20-0013

On November 27, 2020, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico state plan amendment (SPA) PR 20-0013 to modify the Puerto Rico Local Poverty Level. This SPA eliminates changes made by PR SPA 20-0011 and documents that the Puerto Rico Local Poverty Level will return to the levels in effect prior to SPA 20-0011.

We approve this SPA, with an effective date of October 1, 2021. A copy of the approved State Plan pages and the signed CMS-179 form are enclosed.

Congratulation to you and your staff for your hard work and strong collaboration. If you have any question or wish to discuss this SPA further, please contact Ivelisse Salce at 212-616-2411.

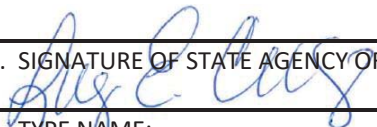
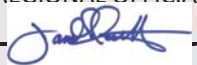
Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned to the left of the digital signature information.

Digitally signed by James
G. Scott -S
Date: 2020.12.11
14:21:33 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Nicole McKnight
Ivelisse Salce

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER PR-20-0013	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, 2021	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION Social Security Act, section 1902(e)(14) 42 CFR Part 435 and 42 CFR 435.603	7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ * b. FFY 2023 \$ *	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT MAGI Form S14T PDF Income Standard – Territories	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) MAGI Form S14T PDF Income Standard – Territories and its Attachment.	
10. SUBJECT OF AMENDMENT To reinstall the Medicaid State Plan Language that was effective up to November 14, 2020, because of the SPA PR-20-0011 sunsets on September 30, 2021. MAGI Form S14T PDF states the Local Poverty Level (LPL), which would Allow Puerto Rico Medicaid Program to set up the Effective Monthly Income Standard for All MAGI-Based Eligibility Groups.		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> Governor's Office Reported No Comment <input type="checkbox"/> No Reply Received Within 45 Days of Submittal <input type="checkbox"/> Comments of Governor's Office Enclosed <input checked="" type="checkbox"/> Other, As Specified		
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: Luz E. Cruz-Romero, MBA		
14. TITLE: Executive Director		
15. DATE SUBMITTED: November 27, 2020.		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 11/27/2020	18. DATE APPROVED 12/11/2020	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL  <div style="font-size: small; margin-top: 5px;"> Digitally signed by James G. Scott -S Date: 2020.12.11 14:21:54 -06'00' </div>	
21. TYPED NAME James G. Scott	22. TITLE Director Division of Program Operations	
23. REMARKS		



Medicaid Eligibility

State Name: Puerto Rico

Transmittal Number: PR - 20 - 0013

Income Standards - Territories S14T

Indicate which type of poverty level the territory uses:

- The Federal Poverty Level (FPL)
- The Local Poverty Level (LPL)

Enter the amount of the Local Poverty Level.

	Household Size	Amount	
+	1	\$459.00	X
+	2	\$542.00	X
+	3	\$626.00	X
+	4	\$709.00	X
+	5	\$792.00	X
+	6	\$876.00	X
+	7	\$959.00	X
+	8	\$1,043.00	X
+	9	\$1,126.00	X
+	10	\$1,210.00	X
+	11	\$1,293.00	X
+	12	\$1,377.00	X
+	13	\$1,460.00	X
+	14	\$1,544.00	X
+	15	\$1,627.00	X
+	16	\$1,711.00	X
+	17	\$1,794.00	X
+	18	\$1,877.00	X

Indicate whether the amounts entered above are monthly or yearly:

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Effective Date: October 1, 2021
Approval Date: 12/11/2020



Medicaid Eligibility

- Monthly
- Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	37	X
+	2	70	X
+	3	103	X
+	4	135	X
+	5	168	X
+	6	201	X
+	7	234	X
+	8	267	X

Additional incremental amount

- Yes
- No

Increment amount \$

The dollar amounts increase automatically each year

- Yes
- No



Medicaid Eligibility

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	32	X
+	2	64	X
+	3	96	X
+	4	128	X
+	5	160	X
+	6	192	X
+	7	224	X
+	8	256	X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way



Medicaid Eligibility

Enter the statewide standard			
	Household size	Standard (\$)	
+	1		X

Additional incremental amount
 Yes No

Increment amount \$

The dollar amounts increase automatically each year
 Yes No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
<input type="radio"/> Statewide standard	
<input type="radio"/> Standard varies by region	
<input type="radio"/> Standard varies by living arrangement	
<input type="radio"/> Standard varies in some other way	
The dollar amounts increase automatically each year	
<input type="radio"/> Yes <input type="radio"/> No	

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 Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
<input type="radio"/> Statewide standard	
<input type="radio"/> Standard varies by region	
<input type="radio"/> Standard varies by living arrangement	
<input type="radio"/> Standard varies in some other way	
The dollar amounts increase automatically each year	
<input type="radio"/> Yes <input type="radio"/> No	

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



Medicaid Eligibility

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes No

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