

Table of Contents

State/Territory Name: **Puerto Rico**

State Plan Amendment (SPA) #: **24-0001**

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

PR - Submission Package - PR2024MS00030 - (PR-24-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and Children Operation
26 Federal Plaza, Room 37-100
New York, NY 10278



Center for Medicaid & CHIP Services

April 08, 2024

Dinorah Collazo-Ortiz
Executive Director
Puerto Rico Medicaid Program
PO Box 70184
San Juan, PR
Guaynabo, PR 00971

Re: Approval of State Plan Amendment PR-24-0001

Dear Dinorah Collazo-Ortiz,

On March 26, 2024, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-24-0001 to provide 12 months of continuous eligibility (CE) for children under the age of 19 to comply with Section 5112 of the Consolidated Appropriations Act, 2023.

We approve Puerto Rico State Plan Amendment (SPA) PR-24-0001 with an effective date(s) of January 01, 2024.

The pages approved for incorporation into Puerto Rico's state plan are attached. CMS appreciates the significant work your staff dedicated to preparing this 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 Operation
Center for Medicaid & CHIP Services

PR - Submission Package - PR2024MS0003O - (PR-24-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0003O | PR-24-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2024MS0003O	SPA ID	PR-24-0001
Submission Type	Official	Initial Submission Date	3/26/2024
Approval Date	04/08/2024	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Superseded SPA ID	N/A		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 | PR2024MS0003O | PR-24-0001

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SPA ID and Effective Date

SPA ID PR-24-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0003O | PR-24-0001

Package Header

Package ID	PR2024MS0003O	SPA ID	PR-24-0001
Submission Type	Official	Initial Submission Date	3/26/2024
Approval Date	04/08/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To provide 12 months of continuous eligibility (CE) for children under the age of 19 to comply with Section 5112 of the Consolidated Appropriations Act, 2023.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$30672565
Second	2025	\$50146613

Federal Statute / Regulation Citation

Section 1902(e)(12) of the Act
42 CFR 435.926
Section 1902(e)(7) of the Act
42 CFR 435.172

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Continuous Eligibility for Minors 03.15.2024	3/27/2024 11:12 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0003O | PR-24-0001

Package Header

Package ID	PR2024MS0003O	SPA ID	PR-24-0001
Submission Type	Official	Initial Submission Date	3/26/2024
Approval Date	04/08/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

Describe Designated to State Medicaid Director

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 4/17/2024 9:22 AM EDT

PR - Submission Package - PR2024MS0003O - (PR-24-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0003O | PR-24-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2024MS0003O	SPA ID	PR-24-0001
Submission Type	Official	Initial Submission Date	3/26/2024
Approval Date	04/08/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	NEW		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child turns 19 years old;
- b. 12 months.

2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
- b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
- c. The child ceases to be a resident of the state;
- d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- e. The child attains the maximum age specified in B.

C. Additional Information (optional)

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.

