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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 24-0009

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) Form CMS-179
- 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 5, 2024

Dinorah Collazo, Medicaid Director
Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 24-0009

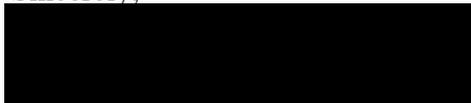
Dear Director Collazo:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Home Health, Durable Medical Equipment (DME), and Hospice services State Plan Amendment (SPA) submitted on September 5, 2024, under transmittal number (TN) 24-0009. This SPA adds home health and hospice services for adults and updates the language under the Other Licensed Practitioners benefit. Additionally, the state clarified that benefits for the medically needy are the same as those for the categorically needy.

This letter informs you that Puerto Rico's Medicaid SPA TN 24-0009 was approved on December 3, 2024, effective July 1, 2024. Enclosed are copies of the Form CMS-179 and approved SPA pages to be incorporated into the Puerto Rico State Plan.

If you have any questions, please contact Ivelisse Salce at (212)-616-2411 or via email at Ivelisse.Salce@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Alexandra Eitel
Deborah Steinbach

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 4 - 0 0 0 9	2. STATE Puerto Rico
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 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 July 1, 2024	

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 42 CFR § 440.70 SSA 1905(o)	7. FEDERAL BUDGET IMPACT a. FFY 2024 \$ 19,434,500 b. FFY 2025 \$ 77,738,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 3, 3a, 7 Attachment 3.1-B, page 3, 3a, 7 Description for Attachment 3.1-A, p. 7, 7a,b,c 13a (new) Description for Attachment 3.1-B, p. 7, 13a (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, page 3, 3a, 7 Attachment 3.1-B, page 3, 3a, 7 Description for Attachment 3.1-A, p. 7 Description for Attachment 3.1-B, p. 7

Describes coverage of Home Health services including durable medical equipment and supplies. Describes coverage of Hospice services.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Designated to the State Medicaid Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TYPE NAME Dinorah Collazo	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184
14. TITLE Executive Medicaid Director	
15. DATE SUBMITTED September 5, 2024	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 5, 2024	18. DATE APPROVED December 3, 2024
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Ruth A. Hughes	22. TITLE Acting Director, Division of Program Operations
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/ TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists services

Provided No limitation With limitations* Not Provided

c. Chiropractors services

Provided No limitation With limitations* Not Provided

d. Other practitioner's services

Provided No limitation With limitations* Not Provided

7. Home Health Services

a. Intermittent or part time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided No limitation With limitations*

b. Home health aide services provided by a home health agency.

Provided No limitation With limitations*

c. Medical supplies, equipment and appliances suitable for use in the home.

Provided No limitation With limitations*

* Description provided on Attachment.

Transmittal No.: 24-0009

Effective Date: July 1, 2024

Supersedes TN No.: 14-008

Approval Date: December 3, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided No limitation With limitations*

8. Private duty nursing services.

Provided No limitation With limitations*

Not Provided under the PRHIA Health Reform Plan

*Description provided on Attachment.

Transmittal No.: 24-0009

Effective Date: July 1, 2024

Supersedes TN No.: 03-001A

Approval Date: December 3, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
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15. a. Intermediate care facility services (other than such services In an institution for mental di-
diseases-) for persons· determined, in accordance with section 1902(a)(31)(A) of the Act, to be
in need of such care.

Provided No limitation With limitations* Not Provided

b. Including such services In a public Institution (or distinct part thereof) for the mentally
retarded or persons with related conditions;

Provided No limitation With limitations* Not Provided

16. Inpatient psychiatric facility. services for individuals under 22 years of age.

Provided No limitation With limitations* Not Provided
(Based on Medical Necessity under Law 408)

17. Nurse-midwife services

Provided No limitation With limitations* Not Provided

18. Hospice care (In accordance with section 1905(o) of the Act).

Provided No limitation Not Provided

Provided With limitations*
In accordance with section 2302 of the Affordable Care Act

*Description provided on attachment

Transmittal No.: 24-0009 Effective Date July 1, 2024

Supersedes TN No.: 14-003 Approval Date December 3, 2024

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- 5b. Medical and surgical services provided by a dentist are limited to the coverage services description in item (10).
- 6a. Podiatrist services provided by a licensed podiatrist within their scope of practice under Puerto Rico Law and in accordance with 42 CFR 440.60. Services are limited to medically necessary remedial and incidental care with prior authorization.
- 6b. Adult services are limited to one vision exam per year. This limit may be exceeded based on medical necessity.
- 6c. Chiropractic services consist of manual manipulation of the spine provided by licensed chiropractors within their scope of practice under Puerto Rico law and in accordance with 42 CFR 440.60(b). The initial 15 sessions are available without prior authorization. Additional sessions require prior authorization. The maximum of 15-sessions allowed before prior authorization is required is combined with physical therapy.
- 6d. Other licensed practitioners within their scope of practice under Puerto Rico Law:
- Social Workers
 - Professional Counselors
 - Psychologists
 - Optometrists
 - Opticians
 - Nutritionists/Dieticians

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7. Home Health Services

Home health services as defined under 42 CFR 440.70 are provided by Medicare-certified Home Health Agencies under a plan of care and ordered by the beneficiary's physician. Covered home health services include nursing services, services of home health aides, specialized therapies (speech therapy, physical therapy, occupational therapy), medical equipment, appliances, and supplies, and certain home infusions.

Prior authorization is required for all services defined under the home health benefit, including equipment, supplies, and therapies. There must be a face-to-face or telehealth encounter as required under 42 CFR 440.70.

These services may be provided in any setting where normal life activities occur but are not covered in hospital inpatient settings. Coverage of home health services cannot be contingent upon the beneficiary needing nursing or therapy services.

a. Intermittent or Part-Time Nursing Services

Intermittent or part-time skilled nursing service, which means assessments, interventions, and evaluations of interventions that require the training, and experience of a licensed nurse.

b. Home Health Aide Services

The home health aide helps maintain health and facilitates the treatment of illness or injury. Home health aide services may only be covered if provided through a home health agency.

c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place.

1) Medical Supplies

Medical supplies must be prescribed under an approved plan of care. Providers must be certified to participate in Medicare as a medical equipment supplier or as a home health agency.

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2) Medical Equipment

Medically necessary medical equipment and appliances are covered. Equipment should be designed for long-term use. Providers must be certified to participate in Medicare as a DME supplier or home health agency. Only items determined to be medically necessary, effective, and efficient are covered. The most cost-effective, standard equipment is covered unless medical necessity dictates otherwise.

d. Specialized Therapies

1) Physical therapy, occupational therapy, and speech therapy when ordered by the physician as a medically necessary part of the beneficiary's care.

2) Services are provided within accepted national standards and best practice guidelines for each type of therapy. Qualifications for therapy providers are outlined in [42 CFR 440.110](#).

3) Any prior authorizations required for therapy services included in items 11 a, b, and c in Description for Attachment 3.1-A and Description for Attachment 3.1-B apply to home health therapy visits. When calculating a requirement for prior authorization on services, services provided under the home health benefit and services provided under the therapy benefits described in Attachment 3.1-A item 11 must be added together to determine when a requirement for prior authorization has been reached.

e. Home Infusion Therapy

Self-administered Home Infusion Therapy (HIT) is covered when it is medically necessary and prescribed by a physician. "Self-administered" means that the beneficiary and/or an unpaid primary caregiver is capable, able, and willing to administer the therapy following training and with monitoring by a home health agency.

The following therapies are included in this coverage when self-administered:

i. Total parenteral nutrition (includes medical supplies, equipment and appliances and nursing services, which are provided under each respective home health component)
ii. Enteral nutrition (includes medical supplies, equipment and appliances, and nursing services which are provided under each respective home health component)

iii. Intravenous chemotherapy (includes medical supplies, equipment and appliances, and nursing services, which are provided under each respective home health component. (Any medications associated with this service are provided under the pharmacy benefit)

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iv. Intravenous antibiotic therapy (includes medical supplies, equipment and appliances, and nursing services, which are provided under each respective home health component. (Any medications associated with this service are provided under the pharmacy benefit)

v. Pain management therapy, including subcutaneous, epidural, intrathecal, and intravenous pain management therapy (includes medical supplies, equipment and appliances, and nursing services, which are provided under each respective home health component. (Any medications associated with this service are provided under the pharmacy benefit)

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18. Hospice Care (in accordance with section 1905(o) of the Act).

To establish eligibility for hospice care, a beneficiary must have a terminal condition caused by injury, illness, or disease, which, to a reasonable degree of certainty, will lead to the patient's death in a period of, at most, six (6) months as certified by a physician.

Hospice services will be covered with the following benefit periods: two 90-day benefit periods followed by an unlimited number of 60-day benefit periods.

Beneficiaries, other than a Medicaid or CHIP eligible child, who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election for any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition.

Hospice services are not available to beneficiaries in inpatient hospital settings.

Hospice providers must be Medicare-certified.

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- 5b. Medical and surgical services provided by a dentist to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.
- 6a. Podiatrist services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.
- 6b. Optometrist services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.
- 6c. Chiropractic services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.
- 6d. Other licensed practitioner services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.
- 7. Home Health Services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.

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