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State/Territory Name: **Puerto Rico**

State Plan Amendment (SPA) #: **24-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA pages
- 3) CMS-179 form
- 4) Decision Memo

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



November 21, 2024

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

Re: Puerto Rico State Plan Amendment (SPA) 24-0010

Dear Director Collazo:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Non-Emergency Medical Transportation State Plan Amendment (SPA) submitted to CMS on September 5, 2024, under transmittal 24-0010. This SPA proposes to add non-emergency transportation (NEMT) services.

This letter informs you that Puerto Rico Medicaid SPA 24-0010 was approved on November 20, 2024, effective July 1, 2024. Enclosed are a copy of the approved state plan pages and CMS-179 form to be incorporated into Puerto Rico's state plan.

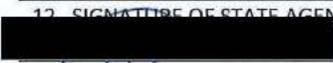
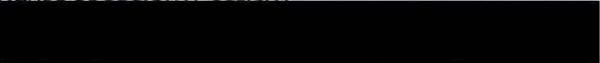
If you have any questions, please contact Ivelisse Salce at 212-616-2411 or via email at Ivelisse.Salce@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Brandon Smith

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> <u>0</u> <u>0</u> <u>1</u> <u>0</u>	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) 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 July 1, 2024	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 431.53 42 CFR § 440.170		7. FEDERAL BUDGET IMPACT a. FFY <u>2024</u> \$ <u>4,691,500</u> b. FFY <u>2025</u> \$ <u>18,766,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-D, p. 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-D, p. 1	
10. SUBJECT OF AMENDMENT Non Emergency Medical Transportation (NEMT) Services will be provided as an optional medical service.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Designated to the State Medicaid Director <input type="checkbox"/> 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 Dinorah Collazo			
14. TITLE Executive Medicaid Director			
15. DATE SUBMITTED September 5, 2024			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>09/05/2024</u>		18. DATE APPROVED <u>11/20/2024</u>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2024</u>		20. SIGNATURE 	
21. TYPED NAME James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

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PUERTO RICO MEDICAID STATE PLAN

State/Territory: Puerto Rico

METHODS UTILIZED BY THE PUERTO RICO MEDICAID PROGRAM FOR THE NON-EMERGENCY AND EMERGENCY MEDICAL TRANSPORTATION SERVICES (NEMT) PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

Methods utilized by the Department of Health for the Transportation of Medicaid Beneficiaries

Puerto Rico assures that necessary transportation of eligible Medicaid beneficiaries to and from Medicaid-enrolled providers of Medicaid-covered services will be provided territory-wide, pursuant to 42 CFR 431.53. NEMT will be provided as an optional medical service in accordance with 42 CFR 440.170(a). All NEMT services must be prior authorized.

Allowable transportation providers are Puerto Rico-licensed transportation companies contracted with a managed care organization and ambulance providers.

The methods that will be used are as follows:

1. Emergency ambulance transportation for beneficiaries with emergency conditions.
2. Non-emergency ambulances, wheelchair vans, other enclosed vans or cars, and other types of specialized vehicles determined medically necessary are provided through Puerto Rico-licensed transportation companies. The beneficiary must use the least expensive, medically appropriate mode available that will result in the beneficiary arriving at their appointment in a timely manner.
3. Other methods of transportation, including commercial transportation services, may be covered as long as they are contracted with a Puerto Rico-licensed transportation company and meet all requirements.

Puerto Rico ensures that any provider of NEMT to medically necessary services receiving payments under this State Plan (but excluding any public transit authority) meets the following minimum requirements:

- (A) Each provider and individual driver are not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act). They are not listed on the Inspector General of the Department of Health and Human Services exclusion list.
- (B) Each such individual driver has a valid driver's license.
- (C) Each such provider has in place a process to address any violation of a territory drug law and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each individual driver employed by such provider, including any traffic violations.

In addition, each provider can demonstrate that all vehicles used are properly maintained, fully secure, insured, and registered as by Puerto Rico law, and safe for enrollees. The Commonwealth assures that all the minimum requirements outlined in 1902(a)(87) of the Act are met.”

TN No. 24-0010

Supersedes

TN No. 84-003

Approval Date: 11/20/2024

Effective Date: July 1, 2024