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**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 17-0001**

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) CMS-179 form
- 3) Approved SPA Pages
- 4) Attachments

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS**

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December 15, 2017

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

Dear Ms. Cruz,

Enclosed is an approved copy of Puerto Rico's state plan amendment (SPA) 17-0001, which was submitted to CMS on June 29, 2017. SPA 17-0001 incorporates the MAGI-Based Income Methodologies into Puerto Rico's state plan in accordance with the Affordable Care Act. This SPA was approved on December 15, 2017. The effective date of the SPA is July 1, 2017.

Enclosed is a copy of the new state plan pages to be incorporated within a separate section at the back of Puerto Rico's approved state plan:

- S10, Pages S10-1 and S10-2

Notwithstanding any other provisions of the Puerto Rico Medicaid state plan, the financial eligibility methodologies described in SPA 17-0001 will apply to all MAGI-based eligibility groups covered under Puerto Rico's Medicaid state plan. The MAGI financial methodologies set forth in 42 CFR §435.603 apply to everyone except those individuals described at 42 CFR §435.603(j) for whom MAGI-based methodology do not apply. This SPA supersedes the current financial eligibility provisions of the Medicaid state plan only with respect to the MAGI-based eligibility groups.

CMS appreciates the significant amount of work your staff dedicated to this state plan amendment. If you have any questions concerning this SPA, please contact Ivelisse M. Salce at (212) 616-2411 or [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov).

Sincerely,

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

Cc: Martin Burian  
Stephanie Kaminsky  
Gene Coffey

### Medicaid State Plan Eligibility

**PR.3579.R00.00 - Jul 01, 2017**

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## Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Puerto Rico

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

17-0001

**Proposed Effective Date**

07/01/2017 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Section 1902(e)(14) of the Social Security Act 42 CFR 435.603

**Federal Budget Impact**

Federal Fiscal Year		Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

**Subject of Amendment**

Character Count: 48 out of 2000

MAGI Form S10: MAGI - Based Income Methodologies

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
  - Other, as specified
- Describe:

**Signature of State Agency Official**

Submitted By: Luz Cruz-Romero  
Last Revision Date: Dec 4, 2017  
Submit Date: Jun 29, 2017

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# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PR - 17 - 0001

Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

1902(e)(14)  
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes  No



# Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

V.20140415