



PUERTO RICO MEDICAID STATE PLAN

SECTION 2 COVERAGE AND ELIGIBILITY

JULY 2023

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OFFICIAL

OMB No. 0938-0193

PAGE NUMBERS

SECTION

SECTION 2 - COVERAGE AND ELIGIBILITY 10

2.1 Application, Determination of Eligibility
and Furnishing Medicaid 10

2.2 Coverage and Conditions of Eligibility 12

2.3 Residence 13

2.4 Blindness 14

2.5 Disability 15

2.6 Financial Eligibility 16

2.7 Medicaid Furnished Out of State 18

TN No. 88-1
Supersedes
TN No.

Approval Date OCT 20 1988
1989

Effective Date 4/1/88

HCFA ID: 1002P/0010P

OFFICIAL

Revision: HCFA-PM- (MB)

State/Territory: _____ [Puerto Rico] _____

Citation

42 CFR
436 Subpart J.

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

 x For any full month provided the individual met all the eligibility conditions at any time during that month.

1902(e)(8) and
1905(a) of the
Act

_____ (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

 x Not applicable

1902(a)(47) and
1920 of the Act

_____ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

 x Not applicable

TN # 03-13
Supersedes TN # 94-1

Effective Date 08/13/03
Approval Date FEB 24 2004

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E 1 th t Room
Kansas City, MO 64106



Center for Medicaid & CHIP Services

March 09, 2022

Edna Marin - Ramos
Executive Director
Puerto Rico Medicaid Program Department of Health
PO Box 70184
San Juan PR 009 6 1 4

Re: Approval of State Plan Amendment PR-21-0004

Dear Ms. Marin - Ramos,

On June 30, 2021, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-21-0004. Puerto Rico submitted this SPA to update policies regarding how Medicaid applications may be submitted, the frequency and methods used for renewal of eligibility, requirements when determining ineligibility assistance with application and renewal notice requirements and the use of authorized representatives

We approve Puerto Rico State Plan Amendment (SPA) PR-21-0004 with an effective date(s) of 06/01/2021. Accompanying the approval of PR-21-0004 is the enclosed companion letter regarding the need for Puerto Rico to comply with the following requirements:


- 435.907(a); 435.916(a)(3)(i)(B); 435.916(b): all individuals must be able to apply for and renew Medicaid eligibility through all required modalities (online, by telephone, by mail, and in person)
4 916(a)() and (b) 4 94 43 949 the agency must make a redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- 435.923(a)(1); 435.923(f): the agency must permit applicants and beneficiaries to designate an individual or organization to act responsibly on their behalf in assisting with the individual's application and renewal of eligibility and other ongoing communications with the agency; designating an authorized representative must be permitted at the time of application and at other times
June 01, 2021.

Due to the extended period of time Puerto Rico has indicated is necessary to make necessary systems changes, CMS is requiring Puerto Rico to provide quarterly updates describing progress made toward system upgrades needed to meet the companion issues. The quarterly reports will be due by the 15th of each month following the last month in the quarter as follows July 1 0 October 1 02 January 1 0 April 1 02 and July 1 0

Name	Date Created
PR 21-0004 Eligibility Process Companion Letter_Final	3/8/2022 12:57 PM EST

If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov

Sincerely,


Director Division of Program
Operations
Center for Medicaid & CHIP Services

Medicaid State Plan Eligibility

General Eligibility Requirements

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | PR2021MS0002O | PR-21-0004

Package Header

Package ID	PR2021MS0002O	SPA ID	PR-21-0004
Submission Type	Official	Initial Submission Date	6/ 0/ 0 1
Approval Date	3/9/2022	Effective Date	6/1/2021
Superseded SPA ID	TN 92-2, TN 92-7		
	User-Entered		

The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining, verifying and renewing eligibility, and furnishing Medicaid.

A. Submission of Application

1. The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person. These modes of submission are available to all individuals applying for coverage, including those who may be eligible based on the applicable Modified Adjusted Gross Income (MAGI) standard and those who may be eligible on a basis other than MAGI.
- 2. The agency also accepts applications by other electronic means:**
- Yes No
3. The agency ensures that any application or supplemental form is accessible to persons who are limited English proficient and persons who have disabilities, consistent with 42 CFR 435.905(b).

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | PR2021MS00020 | PR-21-0004

Package Header

Package ID	PR2021MS00020	SPA ID	PR-21-0004
Submission Type	Official	Initial Submission Date	6/30/2021
Approval Date	3/9/2022	Effective Date	6/1/2021
Superseded SPA ID	TN 92-2, TN 92-7		
	User-Entered		

B. Establishment of Outstation Locations

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals:

1. Parents and Other Caretaker Relatives,
2. Pregnant Women, and
3. Infants and Children under Age 19.

C. MAGI Renewals

Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Once every 12 months
2. Without requiring an in-person interview
3. Without requiring information from the individual if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency
4. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:
 - a. Provides the individual with a pre-populated renewal form containing the information available to the agency (including information gathered from electronic data sources).
 - b. Provides the individual with a reasonable period of time from the date of the prepopulated renewal form to respond and provide any necessary information. The time period used by the state is:
 - i. 30 days
 - ii. More than 30 days
 - c. Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form via the internet website described in 42 CFR 435.1200(f) (d), by telephone, via mail, and in person.
 - d. Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956
 - e. Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:
 - i. 90 days
 - ii. More than 90 days.

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | PR2021MS00020 | PR-21-0004

Package Header

Package ID	PR2021MS00020	SPA ID	PR-21-0004
Submission Type	Official	Initial Submission Date	6/30/2021
Approval Date	3/9/2022	Effective Date	6/1/2021
Superseded SPA ID	TN 92-2, TN 92-7		
	User-Entered		

D. Renewals on a Basis Other than MAGI

Redeterminations of eligibility for individuals whose financial eligibility is not based on the MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Frequency:

- a. Once every 12 months
- b. Once every 6 months
- c. Other, more frequent than once every 12 months

2. Without requiring information from the individual, if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency.

3. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:

a. Provides the individual with a renewal form

i. The renewal form is pre-populated with information available to the agency (including information gathered from electronic data sources).

Yes No

ii. As part of this process, the agency:

(1) Provides the individual with a reasonable period of time from the date of the renewal form to respond and provide any necessary information. The time period used by the state is:

- (a) 30 days
- (b) More than 30 days

(2) Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form using the following methods:

- (a) Via the internet website described in 42 CFR 435.1200(f)
- (b) By telephone
- (c) Via mail
- (d) In person
- (e) By other means

(3) Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956

(4) Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:

Yes No

(a) 90 days

(b) Other

b. Utilizes an alternative process to redetermine eligibility.

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | PR2021MS00020 | PR-21-0004

Package Header

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Superseded SPA ID	TN 92-2, TN 92-7		
	User-Entered		

E. Determination of Ineligibility

- 1. Prior to making a determination of ineligibility, the agency considers all bases of eligibility, consistent with 42 CFR 435.911
- 2. For individuals determined ineligible for Medicaid, the agency determines potential eligibility for other insurance affordability programs and complies with the procedures set forth in 42 CFR 435.1200(e)

F. Assistance with Application and Renewal

- The agency provides assistance to any individual seeking help with the application or renewal process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient, consistent with 42 CFR 435.905(b)

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | PR2021MS00020 | PR 21 0004

Package Header

Package ID	PR2021MS00020	SPA ID	PR-21-0004
Submission Type	Official	Initial Submission Date	6/01/2021
Approval Date	7/9/20	Effective Date	6/1/2021
Superseded SPA ID	TN 92-2, TN 92-7		
	User-Entered		

G. Notices

1. The agency provides individuals with a choice to receive notices and information in an electronic format or by regular mail in accordance with 42 CFR 435.918.
2. The agency provides applicants with timely and accurate notice of any approval or disapproval of Medicaid eligibility, which includes, but is not limited to: the basis and effective date of eligibility, the circumstances and procedures for reporting a change that may impact eligibility, the level of benefits and services approved, any applicable premiums or cost sharing, appeal rights, and if applicable, the amount of medical expenses which must be incurred to establish eligibility.
3. The agency makes notices as well as cards evidencing eligibility for medical assistance available to an individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- Notices and cards are made available through the following method(s)** If an individual does not have a residence address, they can enter a mailing address, such as a PO box, or can choose to receive materials electronically. If an individual is homeless they are not required to provide a residence address. The homeless come to the Medicaid Program through different types of entities including Community Based Organizations. PRMP uses the address of these entities in the application to determine state residency.
4. The agency provides beneficiaries with timely and adequate notice of proposed adverse action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid, and sends corresponding notice(s) to the individual at least 10 days prior to the action's effective date, as described in 42 CFR 431.211.
5. All notices provided by the agency are written in plain language. To ensure that notices are clear and understandable to consumer, the agency:
- a. Utilizes an in-house readability and plain language review process
 - b. Contracts with an outside entity to complete a readability and plain language review
 - c. Other

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | PR2021MS00020 | PR 21 0004

Package Header

Package ID	PR2021MS00020	SPA ID	PR-21-0004
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Superseded SPA ID	TN 92-2, TN 92-7		
	User-Entered		

H. Authorized Representatives

- 1. The agency permits applicants and beneficiaries to designate an individual or organization to act responsibly on their behalf in assisting with individuals application and renewal of eligibility and other ongoing communications with the agency
- 2. The agency requires that, as a condition of serving as an authorized representative, a provider or staff member or volunteer of an organization affirms that he or she will adhere to the regulations in 42 CFR 431, subpart F and at 45 CFR 155.260(f) (relating to confidentiality of information), §447.10 of this chapter (relating to the prohibition against reassignment of provider claims as appropriate for a facility or an organization acting on the facility's behalf), as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.
- Designations of authorized representatives are accepted through all of the modalities described in 42 CFR 431.907(a) and are permitted at application and at other times. The agency accepts electronic, including telephonically recorded, signatures and handwritten signatures transmitted by facsimile or other electronic transmission.

I. Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs

J. Additional Information (optional)

Puerto Rico meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining, verifying and renewing eligibility, and furnishing Medicaid, with the exception of 42 CFR 435.909 as specified in 42 CFR 436.901. Puerto Rico meets the requirements of 42 CFR 436.909.

Additionally, the requirement for the state to meet all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Exchanges and other insurance affordability programs is not applicable to Puerto Rico

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1395a) 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.

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[PUERTO RICO] MEDICAID STATE PLAN

OFFICIAL

Revision: HCFA-PM- (MB)

State/Territory: _____ [Puerto Rico]

Citation

42 CFR
436 Subpart J.

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

 x For any full month provided the individual met all the eligibility conditions at any time during that month.

1902(e)(8) and
1905(a) of the
Act

_____ (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

 x Not applicable

1902(a)(47) and
1920 of the Act

_____ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

 x Not applicable

TN # _____ 03-13
Supersedes TN # _____ 94-1

Effective Date _____ 08/13/03
Approval Date _____ FEB 24 2004

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation 2.2 Coverage and Conditions of Eligibility
42 CFR 436.10

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

1902(a)(10)(A) & (E), 1902(l) & (m), 1905(p) and (q) and 1920 of the Act

All applicable requirements of 42 CFR Part 436 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(IX), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), and 1920 of the Act are met.

TN No. 92-2
Supersedes
TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: PR - 15 - 0003

Expiration date: 10/31/2014

Non-Financial Eligibility	S88
State Residency	

42 CFR 435.403

State Residency

The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - Intends to reside in the state, including without a fixed address, or
 - Entered the state with a job commitment or seeking employment, whether or not currently employed.
- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
 - Residing in the state, with or without a fixed address, or
 - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
 - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- IV-E eligible children living in the state, or
- Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

Yes No

The state has a policy related to individuals in the state only to attend school.

Yes No

Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Yes No

Provide a description of the definition:

Temporary absences occur when a beneficiary leave Puerto Rico for specific purposes with time-limited goals. The Puerto Rico Medicaid Program does not deny or terminate a Puerto Rico resident's Medicaid eligibility because of that person's temporary absence from Puerto Rico if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined that the person is a resident there for purposes of Medicaid. Therefore, if the individual is receiving Medicaid benefits from another state, he or she is no longer considered a resident of Puerto Rico, and Puerto Rico Medicaid Program benefits should be terminated.

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

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation
42 CFR
436.530(b)
42 CFR 436.531

2.4 Blindness

All of the requirements of 42 CFR 436.530 and 42 CFR 436.531 are met. The definition of blindness in terms of ophthalmic measurement used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

TN No. 92-2
Supersedes
TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation
42 CFR
436.540(b)
436.541

2.5 Disability

All of the requirements of 42 CFR 436.540 and 42 CFR 436.541 are met. The definition of permanent and total disability that is used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

TN No. 92-2
Supersedes
TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Revision: HCFA-PM-93-5 (MB)
MAY 1993

Territory: Puerto Rico

Citation

2.6 Financial Eligibility

42 CFR Part 436,
Subparts A,G, and H

(a) The financial eligibility conditions for the Medicaid only eligibility groups and persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

1902(a)(10)(E)(i)
and 1905(p)(4) of
the Act

(b) Qualified Medicare Beneficiaries

The financial eligibility requirements for qualified Medicare beneficiaries are described in ATTACHMENT 2.6-A.

X Not applicable. Qualified Medicare beneficiaries are not included in the plan.

1902(a)(10)(E)(ii),
1905(p)(4)
and 1905(s) of the Act

(c) Qualified Disabled and Working Individuals

The financial eligibility requirements for qualified disabled and working individuals are described in ATTACHMENT 2.6-A.

X Not applicable. Qualified disabled and working individuals are not included in the plan.

1902(a)(10)(E)(iii)
and 1905(p)(4)
of the Act

(d) Specified Low-Income Medicare Beneficiaries

The financial eligibility requirements for specified low-income Medicare beneficiaries are described in ATTACHMENT 2.6-A.

X Not applicable. Specified low-income Medicare beneficiaries are not included in the plan.

BPP Revision: November 10, 1981

State Puerto Rico

Citation
 42 CFR Part 436,
 §436.10 and
 Subpart G & I
 AT-78-90
 AT-80-6
 AT-80-34
 AT-81-4
 46 FR 47976

2.6(b) Medically needy.

All requirements of 42 CFR Part 436, Subparts G and I are met with respect to the families and individuals to whom the requirements apply. The levels of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are described in ATTACHMENT 2.6-A.

Not applicable. The medically needy are not included under this plan.

TN # 82-7
 Supersedes
 TN # 81-1

Approval Date 3/25/83 Effective Date 10/4/82

OFFICIALRevision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: PUERTO RICOCitation

2.7

Medicaid Furnished Out of State431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 87-1
Supersedes
TN NO. 82-9Approval Date MAY 26 1988Effective Date JAN. 1 1987

HCFA ID:0053C/0061E