

## **Table of Contents**

**State/Territory Name:** **Puerto Rico**

**State Plan Amendment (SPA) #:** **23-0012**

This file contains the following documents in the order listed:

- 1) NY Regional Office 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

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September 13, 2023

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

Re: Puerto Rico State Plan Amendment (SPA) 23-0012

Dear Ms. Collazo,

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted to CMS on June 28, 2023, under transmittal 23-0012. This SPA Amendment adds coverage for all adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

This letter informs you that Puerto Rico Medicaid SPA 23-0012 was approved on September 11, 2023, with an effective date of April 01, 2023.

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

Sincerely,



Digitally signed by James  
G. Scott -S  
Date: 2023.09.13 10:15:30  
-05'00'

James G. Scott, Director  
Division of Program Operations

cc: Dinorah Collazo



**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<p>1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>1</u> <u>2</u></p>	<p>2. STATE <u>PR</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>
<p>4. PROPOSED EFFECTIVE DATE April 1, 2023</p>	<p>5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §440.130</p>
<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,975,018</u> b. FFY <u>2024</u> \$ <u>3,782,872</u></p>	<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Description for Attachment 3.1-A, p. 12 Description for Attachment 3.1-B, p. 12</p>
<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Description for Attachment 3.1-A, p. 12 Description for Attachment 3.1-B, p. 12</p>	<p>9. SUBJECT OF AMENDMENT Update to description of coverage for vaccinations.</p>


10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

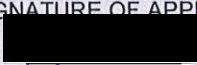
OTHER, AS SPECIFIED: Designated to State Medicaid Director

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184</p>
<p>12. TYPED NAME Dinorah Collazo-Ortiz, Esq., CHC</p>	
<p>13. TITLE Program Executive Director</p>	
<p>14. DATE SUBMITTED <u>6/28/2023</u></p>	

**FOR CMS USE ONLY**

<p>16. DATE RECEIVED <u>06/28/2023</u></p>	<p>17. DATE APPROVED <u>09/11/2023</u></p>
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**PLAN APPROVED - ONE COPY ATTACHED**

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <u>04/01/2023</u></p>	<p>19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.09.13 10:16:21 -05'00'</p>
<p>20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u></p>	<p>21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u></p>

22. REMARKS



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

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

Description of Limitation

13c. Preventative Services

Preventative services must be prescribed, furnished, recommended, or provided by practitioners acting within the scope of their practice as defined by Puerto Rico law.

A qualified health professional allows Each beneficiary a comprehensive annual health evaluation. For children and adolescents, the annual evaluation complements the services provided in accordance with the periodicity schedules published by the American Academy of Pediatrics and EPSDT under Title XIX of the Medicaid program. Follow-up visits will be provided to all beneficiaries based on medical necessity criteria established by the State. Licensed physicians may perform annual health evaluations.

All immunizations will be provided for children to age 21. Immunizations will be provided to adults as recommended by the Advisory Committee on Immunization Practices (ACIP). Puerto Rico attests to coverage of vaccines and vaccine administration described in section 1905 (a)(13)(B) of the Social Security Act and assures that as changes are made to ACIP recommendations, coverage, and billing codes will be updated to comply with those revisions. Licensed physicians and licensed pharmacists may administer vaccines) or registered nurses who are operating under the supervision of a licensed physician.

Counseling in physical health, oral health, and nutrition will be provided in accordance with the preventive service benefit to address the individual needs of the beneficiaries based on their health conditions. Primary Care Physicians may provide physical health counseling. Primary Care Physicians or licensed Dentists may provide oral health counseling. Licensed nutritionists or licensed dieticians may provide nutrition counseling.

Transmittal No.: 23-0012

Approval Date: 09/11/2023

Effective Date: April 1, 2023

Supersedes TN No.: 15-002

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

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