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**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 23-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like Data)
- 3) Approved SPA Pages

# PR - Submission Package - PR2023MS00040 - (PR-23-0003) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children Health Insurance Program (CHIP)  
26 Federal Plaza  
Room 37-100  
New York, NY 10278



## Center for Medicaid & CHIP Services

February 01, 2024

Dinorah Collazo-Ortiz  
Executive Director  
Puerto Rico Medicaid Program  
PO Box 70184  
San Juan, PR  
Guaynabo, PR 00971

Re: Approval of State Plan Amendment PR-23-0003

Dear Dinorah Collazo-Ortiz,

On August 03, 2023, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-23-0003, in which Puerto Rico proposed to elect use of the Federal Poverty Level in determining income eligibility under Puerto Rico's state plan.

We approve Puerto Rico State Plan Amendment (SPA) PR-23-0003 with an effective date(s) of July 01, 2023.

I have enclosed a copy of the approved StatePlan pages and the signed CMS-179 form for incorporation into the Puerto Rico State Plan.

If you have any questions regarding this amendment, please contact Ivelisse Salce at [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov)

Sincerely,  
James G. Scott  
Director Division of Program Operations  
Center for Medicaid & CHIP Services

# PR - Submission Package - PR2023MS00040 - (PR-23-0003) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00040 | PR-23-0003

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	PR2023MS00040	<b>SPA ID</b>	PR-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/3/2023
<b>Approval Date</b>	02/01/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Puerto Rico

**Medicaid Agency Name:** Puerto Rico Medicaid Program

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0004O | PR-23-0003

## Package Header

**Package ID** PR2023MS0004O  
**Submission Type** Official  
**Approval Date** 02/01/2024  
**Superseded SPA ID** N/A

**SPA ID** PR-23-0003  
**Initial Submission Date** 8/3/2023  
**Effective Date** N/A

## SPA ID and Effective Date

**SPA ID** PR-23-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Income Standards - Poverty Level - Territories	7/1/2023	PR-23-0001

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0004O | PR-23-0003

### Package Header

<b>Package ID</b>	PR2023MS0004O	<b>SPA ID</b>	PR-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/3/2023
<b>Approval Date</b>	02/01/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Updates the Puerto Rico PL to 100% of the Federal Poverty Level for MAGI-based eligibility groups.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$208000000

#### Federal Statute / Regulation Citation

42 CFR Part 436

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">Expansion of MD Eligibility_Mercer Budget Estimate_20230602</a>	6/6/2023 1:52 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0004O | PR-23-0003

### Package Header

<b>Package ID</b>	PR2023MS0004O	<b>SPA ID</b>	PR-23-0003
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<b>Approval Date</b>	02/01/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Designated to State Medicaid Director

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) 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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# PR - Submission Package - PR2023MS00040 - (PR-23-0003) - Eligibility

## Medicaid State Plan Eligibility

### Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS00040 | PR-23-0003

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	PR2023MS00040	<b>SPA ID</b>	PR-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/3/2023
<b>Approval Date</b>	02/01/2024	<b>Effective Date</b>	<u>7/1/2023</u>
<b>Superseded SPA ID</b>	PR-23-0001		
	User-Entered		

#### A. Territory Poverty Level

The poverty level used by the territory is:

- 1. The Federal Poverty Level (FPL)
- 2. The Local Poverty Level (LPL)

# Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2023MS0004O | PR-23-0003

## Package Header

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<b>Superseded SPA ID</b>	PR-23-0001		
	User-Entered		

## B. Additional Information (optional)

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