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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 16-0001

This file contains the following documents in the order listed:

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

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 OPERATION

July 26, 2016

Ricardo A. Colon Padilla, CPA
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, Puerto Rico 70184

Dear Mr. Colon:

We have completed our review of the submission of Puerto Rico State Plan Amendment (SPA) 16-0001 which was received in our office on May 18, 2016 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan. This SPA proposes for the aged, blind and disabled medically needy group to disregard the amount by which an individual's Medicare part B premium is reduced through enrollment in a Medicare Advantage Plan.

Please note that the approval date of this SPA is July 26, 2016 with an effective date of July 1, 2016. Copy of the approved State Plan page and the signed CMS-179 are enclosed.

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.

Sincerely,



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

Enclosure

Cc: Terri Fraser
Gene Coffey

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER PR-16-0001	2. STATE PUERTO RICO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE JULY 1, 2016	

5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION Sections 1902(a)(10)(C)(i) and 1902(r)(2) of the Social Security Act, 42 C.F.R. §§436.320, 436.321, 436.322, 436.601(d), and 436.811 of the federal regulations.	7. FEDERAL BUDGET IMPACT a. FFY 2016 (1 quarter) \$ 0 b. FFY 2017 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 8A to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 8A to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT
Income disregard for the aged, blind, and disabled medically needy groups.

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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 RICARDO A. COLÓN-PADILLA, CPA	
14. TITLE EXECUTIVE DIRECTOR	
15. DATE SUBMITTED May 18, 2016, amended on June 20, 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED JULY 26, 2016
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL JULY 01, 2016	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME MICHAEL MELENDEZ	22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS
23. REMARKS	

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

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902 (r)(2) OF THE ACT

Citation(s)	Provision(s)
42 CFR 436.320 42 CFR 436.321 42 CFR 436.322	For the Medically Needy Aged, Blind, and Disabled, Puerto Rico will disregard countable earned and unearned income equal to the difference between the medically needy income level standard for the appropriate family size*, and the income limits described in the chart displayed below.
42 CFR 436.320 42 CFR 436.321 42 CFR 436.322	For the Medically Needy Aged, Blind, and Disabled, the amount by which an individual's Medicare Part B premium is reduced through enrollment in a Medicare Advantage Plan is disregarded from income.

* As defined in Supplement 1 to Attachment 2.6-A, Page 6

Household size	Monthly Income Limit **
1	\$800
2	\$1,000
3	\$1,200
4	\$1,400
5	\$1,600
6	\$1,800
7	\$2,000
8	\$2,200
Each Additional	Additional \$200

** Net income limits.

Transmittal No.: PR-16-0001

Effective Date: July 1, 2016

Supersedes TN No.: 13-005-B

Approval Date: JULY 26, 2016