

---

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: NH 21-0024**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**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

---

May 20, 2021

Lori Shibinette RN, MBA, NHA  
Commissioner  
Department of Health and Human Services  
Pleasant St.  
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 21-0024

Dear Commissioner Shibinette:

The Centers for Medicare & Medicaid Services (CMS) is approving New Hampshire's state plan amendment (SPA) #21-0024. The purpose of SPA #21-0024 is to impose a premium as a condition of eligibility to the optional eligibility group described at section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act ("Act"). The effective date of this SPA approval is February 1, 2021. In approving this SPA, CMS notes the limitation detailed below regarding the temporary increase in the state Federal Medical Assistance Percentage (FMAP) during the public health emergency.

In response to the coronavirus pandemic, the Families First Coronavirus Response Act (FFCRA) was signed into law (Pub. L. 116-127). The FFCRA authorizes a temporary 6.2 percentage point increase to each qualifying Medicaid medical assistance expenditure under section 1905(b) of the Social Security Act. States may claim this enhanced FMAP for expenditures beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency, and any renewals, as declared by the Secretary of Health and Human Services, ends. As a condition for receipt of the enhanced FMAP, states must meet certain requirements described in section 6008 of the FFCRA. Under section 6008(b)(1) of the FFCRA, states cannot impose stricter eligibility and enrollment requirements during this public health emergency, including imposing new premiums.

Because the purpose of SPA #21-0024 is to impose a new premium to an already existing eligibility group, this premium would be a new condition of eligibility being imposed during the public health emergency period and would violate the maintenance of effort (MOE) requirement in section 6008(b)(1) of the FFCRA. Therefore, in order for the state to comply with the MOE requirement and claim the enhanced FMAP, the state must wait until the end of the calendar quarter after the Secretary of Health and Human Services declares that the public health emergency has ended before assessing this premium.

We conducted our review of your submittal according to statutory requirements in Title XIX of

the Social Security Act and implementing regulations 1902(a)(10)(A)(ii)(XIII) of the Social Security Act. This letter is to inform you that Rhode Island Medicaid SPA Transmittal Number 21-0024 is approved effective February 1, 2021.

If you have any questions, please contact Joyce Butterworth at 857-338-0554 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

cc: Henry Lipman, State Medicaid Director  
Dawn Landry, Medicaid Business and Policy

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

1. TRANSMITTAL NUMBER  
**21-0024**

2. STATE  
**NH**

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  
**February 1, 2021**

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN

AMENDMENT TO BE 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

42 USC §1396a(a)(10)(A)(ii)(XIII)

7. FEDERAL BUDGET IMPACT

FFY 2020: indeterminable at this time

FFY 2021: indeterminable at this time

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6A, page 12m

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 2.6A, page 12m – TN 02-002

10. SUBJECT OF AMENDMENT

Premiums for BBA Eligibility Group

10. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
follow

OTHER, AS SPECIFIED comments, if any, will  
follow

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME Ann H. Landry

14. TITLE Associate Commissioner

15. DATE SUBMITTED

3/31/21

16. RETURN TO

Janine Corbett  
Division of Medicaid Services/Brown Building  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

17. DATE RECEIVED

March 31, 2021

18. DATE APPROVED

May 19, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

February 1, 2021

21. TYPED NAME

James G. Scott

22. TITLE Director

Division of Program Operations

23. REMARKS

Revision:

ATTACHMENT 2.6-A  
Page 12m  
OMB No.:

State/Territory: New Hampshire

Citation	Condition or Requirement
----------	--------------------------

1902(a)(10)(A)  
(ii)(XIII), (XV),  
(XVI), and 1916(g)  
of the Act

Payment of Premiums or Other Cost Sharing Charges.

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:

X The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below.:

<u>Individuals whose net income is:</u>	<u>Must pay:</u>
150% FPG* up to and including 200% FPG	7.5% of 150% FPG
Over 200% FPG to under 250% FPG	7.5% of 200% FPG

\*New Hampshire uses the abbreviation FPG to refer to the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

TN No. 21-0024  
Supersedes TN No. 02-002

Effective Date 02/01/2021  
Approval Date 05/19/2021