

Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 20-0002

This file contains the following documents in the order listed:

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

NH - Submission Package - NH2020MS0001O - (NH-20-0002) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Compare Doc Change Report
- Analyst Notes
- Review Assessment Report
- Approval Letter
- Transaction Logs
- News
- Related Actions**

CMS-10434 OMB 0938-1188

Package Information

Package ID	NH2020MS0001O	Submission Type	Official
Program Name	N/A	State	NH
SPA ID	NH-20-0002	Region	Boston, MA
Version Number	3	Package Status	Approved
Submitted By	Dawn Landry	Submission Date	1/15/2020
Package Disposition		Approval Date	4/13/2020 7:52 AM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355



Kansas City, MI 64106

Center for Medicaid & CHIP Services

April 13, 2020

Lori Shabinette RN, MBA, NHA
Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Re: Approval of State Plan Amendment NH-20-0002

Dear Commissioner Shabinette :

On January 15, 2020, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-20-0002 to add the Work Incentives eligibility group established by Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.

We approve New Hampshire State Plan Amendment (SPA) NH-20-0002 on April 13, 2020 with an effective date(s) of September 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Robert Cruz at robert.cruz@cms.hhs.gov.

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: New Hampshire

Medicaid Agency Name: NH Department of Health and Human Services, Office of Medicaid Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NH-20-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	9/1/2020	NH-20-0001
Work Incentives	9/1/2020	NH-02-002

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Adoption of the Optional Eligibility Group Work Incentives Eligibility Group

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$109454
Second	2021	\$1343987

Federal Statute / Regulation Citation

§1902(a)(10)(A)(ii)(XIII)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID NH2020MS0001O
Submission Type Official
Approval Date 4/13/2020
Superseded SPA ID N/A

SPA ID NH-20-0002
Initial Submission Date 1/15/2020
Effective Date N/A

Governor's Office Review

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

Describe Comments, if any, will follow

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	9/1/2020
Superseded SPA ID	NH-20-0001		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	9/1/2020
Superseded SPA ID	NH-20-0001		
	User-Entered		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	9/1/2020
Superseded SPA ID	NH-20-0001		
	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
Approval Date	4/13/2020	Effective Date	9/1/2020
Superseded SPA ID	NH-02-002		
	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

Package ID	NH2020MS0001O	SPA ID	NH-20-0002
Submission Type	Official	Initial Submission Date	1/15/2020
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Superseded SPA ID	NH-02-002		
	User-Entered		

B. Step One Financial Methodologies and Income Test

1. Financial methodologies

- a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI are used in calculating countable income. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- c. Less restrictive methodologies are used in calculating countable income.
 - Yes
 - No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL: **FPL 250.00%**
- Between the medically needy income limit and a percentage of the FPL: **and**
- Between the SSI Federal Benefit Rate and: **FPL 450.00%**
- Between other income standards:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

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Superseded SPA ID	NH-02-002		
	User-Entered		

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

- a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI are used in calculating countable income and/or resources, except that earned income is not counted. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- c. Less restrictive methodologies are used in calculating countable income.
 - Yes
 - No

The less restrictive income methodologies are:

- All income is disregarded. No income test is applied.

d. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- Real property not otherwise excluded is disregarded.

Description of disregard: Real property not occupied by the client but producing income sufficient to meet the expenses of its ownership and maintenance is excluded.

Real property not occupied by the assistance group but necessary for the residence of the client's spouse or blind or disabled or minor child.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside for retirement

- Individual Retirement Accounts (IRA)

Description: Individual retirement accounts pursuant to §404(h) of the Social Security Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193

Retirement and medical savings accounts established pursuant to 26 USC 220 and held by the individual

- Resources set aside in an Assets for Independence Act (IDA) account

Description: Individual development accounts pursuant to 404(h) of the Social Security Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

- Household goods and services are disregarded as a resource.

Description of disregard: Items necessary for everyday living such as, but not limited to,

household furnishings, appliances and personal noninvestment jewelry such as keepsakes of limited value and wedding and engagement rings are excluded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Farm machinery, livestock, tools, and equipment	Farm machinery, livestock, tools, and equipment are excluded.
BBA Resource Standard	Effective 9/1/2020 the countable resources for an individual may not exceed \$29,927 and the countable resources for a married couple may not exceed \$44,888. These standards are updated annually by the percentage change in the Consumer Price Index for All Urban Consumers (CPI-U)

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Real Property Disposal	When countable real property alone or in combination with other countable resources exceeds the resource limit, the client must dispose of the property within 6 months of being notified of its required disposition. The property is not counted during the disposal period. If the property has not been sold within 6 months of the notification, the client may be given an extension if the client has made a good faith effort to sell the property. The supervisor can at his or her discretion, allow longer than 6 months to dispose of the property.
Employability Accounts	Accounts held by the individuals and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual and which are not covered by the Medicaid program.
Accumulated interest, changes in equity value of life insurance policies and changes in the value of stocks and bonds between redeterminations	Accumulated interest, changes in equity value of life insurance policies and changes in the value of stocks and bonds do not have to be reported between redeterminations of eligibility.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

Package Header

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	User-Entered		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0001O | NH-20-0002

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Superseded SPA ID	NH-02-002		
	User-Entered		

E. Additional Information (optional)

Eligibility in the group will be limited to individuals age 65 plus. Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as the eligibility section of the state plan.

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 0938-1188. 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.

This view was generated on 4/14/2020 3:19 PM EDT

