23b (continued)

Tha	Stata	covers:
i ne	State	covers.

TN No. <u>12-010</u> Supersedes TN# 98-007	Approval D	Pate:12/27/12	2 Effe	ective Date: <u>07/01/20</u>	12
^,					
		made. If an apply the last day determination presumptive presumption application is month following	pplication for Medic of the month follow of presumptive eligoriod ends on the da of eligibility based not filed on the childing the month the de	the day that the deternated is filed on the chillying the month in which is the most on that application. If d's behalf by the last of termination of presumtive period ends on that	d's behalf ch the y makes a can lay of the
1920A of the Act	X	(as defined in	§1920A(b)(3)(A)) be meet the highest a	termined by a "qualifi ased on preliminary oplicable income crite	
1902(e)(12 of the Act		determined eli months (not to	igible is deemed to be exceed 12 months)	eed age 19) who has be eligible for a total or regardless of changes ant of the maximum ag	f in
		above incom	who are under age	sifications of children  1 (18, 19) with forcent of the Federal position:	amily
		(18, 19		ove who are under age ne at or below <u>235%</u> p	

**Revision:** 

DRAFT

1998

ATTACHMENT 2.2-A

Effective Date: <u>07/01/12</u>

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State: New Hampshire

Citation Groups Covered				
	B. Optional Coverage Other Than the Medically Needy			
	(Continued)			
1902(a)(10)(A)	R			
(ii)(XIV) of the Act	X 19. Optional Targeted Low Income Children who:			
	<ul> <li>a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);</li> </ul>			
	b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on March 31, 1997 (other than because of the age expansion provided for in §1902(l)(1)(D)) or 1905(n)(2);			
	c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;			
	d. have family income at or below:			
	200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or			
	A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.			
	N .			

12/27/12

Approval Date: \_\_\_

TN No. <u>12-010</u> Supersedes TN# <u>98-007</u> Revision:

HCFA-PM-91-4 AUGUST 1991 (BPD)

Supplement 8a to ATTACHMENT 2.6-A

Page 1

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0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

## MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

	$\boxtimes$	Section 1902(f) State		]	Non-Section 1902(f) State		
(1)	disregard	ren ages one through five e income in the amount of 5 in the Federal Register.	eligible (at 133 percent of the federa	of the	ne poverty guideline) under 1902(a)(10)(A)(i)(VI), verty level for the size family involved as revised		
(2)	For children who have attained 6 years of age but have not attained 19 years of age, eligible (at 100 percent of the poverty guideline under 1902(a)(10)(A)(i)(VII)), disregard income in the amount of 85 percent of the federal poverty level for the size family involved as revised annually in the Federal Register.						
(3)	For infants and children under 19 years of age, eligible (at 235% of the poverty guideline) under 1902(a)(10)(A)(ii)(XIV), disregard income in the amount of 65% of the federal poverty level for the size family involved as revised annually in the Federal Register.						
(4)	The incorfollowing		1 Supplement 1 to ATT	ACH	IMENT 2.6-A, pages 6a.1 and 6a.2 are used for the		
	(a) (b)	For children with severe of For children born after Se (1902(a)(10)(A)(i)(III)).	lisabilities as defined in ptember 30, 1983 as def	Supp ined	plement 1 to ATTACHMENT 2.2-A; and I in ATTACHMENT 2.2-A, page 4, item 7b		
(5)	require	ampshire treats income for ments. The following tre ment 5, page 2 to ATTACH	atments of income are	ΓD in	in accordance with its State Supplement Program is restrictive than that of the SSI Program (see		
		Unearned income-in-kind Interest that is not paid di unearned income to the c	rectly to a client but is l	eft to	o accumulate in the account is not considered to be resource.		
(6)	(individ	nployed Adults with Disabil duals at least 18 but less that the 12d of Attachment 2.6-A):	n 65 years old whose ir	2(a)(1 ncom	10)(A)(ii)(XV) – TWWIIA Basic Insurance Group ne and resources do not exceed standards described		
		Annual net income using s married couple. All children's income is ex		t exce	seed \$38,664 for an individual or \$52,248 for a		
	o. 12-010	) A <sub>1</sub>	pproval Date12/27/1	2	Effective Date: <u>07/01/2012</u>		
	rsedes [o02-002	2			HCFA ID: 7985E		