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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 14-001

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid & Children's Health Operations / Boston Regional Office

May 1, 2014

Nicholas A. Toumpas, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

Dear Mr. Toumpas:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 14-001 with an effective date of January 1, 2014, as requested by your Agency.

This SPA transmitted a proposed amendment to New Hampshire's approved Title XIX State plan to increase the standards for the optional State supplementary payment program.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:
Kathleen Dunn, Medicaid Director
Dawn Landry, Medicaid Program Specialist

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 14-001	2. STATE NH
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 01/01/2014	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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: • § 1618 and 1902(a)(10)(A)(ii)(V).	7. FEDERAL BUDGET IMPACT: a. FFY 2014 - \$0.00 b. FFY 2015 - \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A; and Supplement 7 to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6-A (TN 13-001); and Supplement 7 to Attachment 2.6-A, page 1 (TN 13-001)

10. SUBJECT OF AMENDMENT:
Increase in the Standards for Optional State Supplementary Payments

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT 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: /s/	16. RETURN TO: Dawn I. Landry Medicaid Eligibility Program Specialist DHHS/Division of Family Assistance 129 Pleasant Street Concord, NH 03301
13. TYPED NAME: Nicholas A. Toumpas	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 31, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/14	18. DATE APPROVED: 5/1/14
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

State Supplement levels - Categorically Needy

OAA, APTD, ANB
(independent living arrangements)*

\$735 for one adult
\$1,083 for an adult couple or
an adult and essential household member
\$1,431 for an adult couple and essential household member

(congregate living arrangements)

\$915 each individual (residential care facility)
\$797 each subsidized individual (community residence)
\$857 each non-subsidized individual (community residence)
\$915 each individual (community residence - enhanced family care facility)

Optional Categorically Needy
(Special Income Level)

\$2,163 for one adult
\$4,326 for two adults

* Essential household member included for supplementation.

Supplement 6 to ATTACHMENT 2.6-A

State: New Hampshire
Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employment Expense Disregards
	Federal (2)	State	1 Person (3)	Couple	1 Person (4)	Couple	
(1) Aged	X	X	\$2,163	\$4,326	\$735	\$1,083	OAA/APTD/ANB - <u>Any Income</u> : \$13 individual \$20 couple ANB - <u>Earned Income</u> : First \$85 plus 1/2 of the remaining income from earned income.
Blind	X	X	\$2,163	\$4,326	\$735	\$1,083	Additional disregards for Individual Written Rehabilitation Plans approved by Supervisor of Blind Services, Vocational Rehabilitation Division
Disabled	X	X	\$2,163	\$4,326	\$735	\$1,083	OAA/APTD - <u>Earned Income</u> : Federal SSI earned income deductions.
Congregate Living Arrangement Residential Care Facility	X	X	\$2,163	\$4,326	\$915		Applies to those in independent or Community/Residential living groups
Community Residence (Subsidized)	X	X	\$2,163	\$4,326	\$797		
Community Residence (Non- Subsidized)	X	X	\$2,163	\$4,326	\$857		
Community Residence (Enhanced Family Care Facility)	X	X	\$2,163	\$4,326	\$915		

New Hampshire is a 1902(f) state.

TN No. 14-001
Supersedes
TN No. 13-001

Approval Date 5/1/14

Effective Date 01/01/2014
HCFA ID: 7985E