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**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #:20-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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# NH - Submission Package - NH2020MS0002O - (NH-20-0001) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NH2020MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NH
<b>SPA ID</b>	NH-20-0001	<b>Region</b>	Boston, MA
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Dawn Landry	<b>Submission Date</b>	3/31/2020
<b>Package Disposition</b>		<b>Approval Date</b>	6/9/2020 6:48 PM EDT
<b>Priority Code</b>	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid & CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

June 09, 2020

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

Re: Approval of State Plan Amendment NH-20-0001

Dear Lori Shibinette RN, MBA, NHA:

On March 31, 2020, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-20-0001 to increase the optional state supplemental income standards in accordance with § 1618 and 1902(a)(10)(A)(ii)(XI) of the Social Security Act.

We approve New Hampshire State Plan Amendment (SPA) NH-20-0001 on June 09, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Joyce Butterworth at [joyce.butterworth@cms.hhs.gov](mailto:joyce.butterworth@cms.hhs.gov).

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS00020 | NH-20-0001

### Package Header

<b>Package ID</b>	NH2020MS00020	<b>SPA ID</b>	NH-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2020
<b>Approval Date</b>	6/9/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | NH2020MS0002O | NH-20-0001

### Package Header

<b>Package ID</b>	NH2020MS0002O	<b>SPA ID</b>	NH-20-0001
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<b>Approval Date</b>	6/9/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** NH-20-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2020	NH-19-0001
Optional State Supplement Beneficiaries	1/1/2020	NH-19-0001

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

#### Package Header

<b>Package ID</b>	NH2020MS0002O	<b>SPA ID</b>	NH-20-0001
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<b>Approval Date</b>	6/9/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** Increase to the Optional State Supplement Income Standards

#### Federal Budget Impact and Statute/Regulation Citation

##### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

##### Federal Statute / Regulation Citation

§1618 and 1902(a)(10)(A)(ii)(XI).

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

### Package Header

**Package ID** NH2020MS0002O  
**Submission Type** Official  
**Approval Date** 6/9/2020  
**Superseded SPA ID** N/A

**SPA ID** NH-20-0001  
**Initial Submission Date** 3/31/2020  
**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 | NH2020MS0002O | NH-20-0001

## Package Header

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<b>Superseded SPA ID</b>	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 | NH2020MS0002O | NH-20-0001

## Package Header

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<b>Superseded SPA ID</b>	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 | NH2020MS0002O | NH-20-0001

### Package Header

<b>Package ID</b>	NH2020MS0002O	<b>SPA ID</b>	NH-20-0001
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<b>Superseded SPA ID</b>	NH-19-0001		
	System-Derived		

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input 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 | NH2020MS0002O | NH-20-0001

### Package Header

<b>Package ID</b>	NH2020MS0002O	<b>SPA ID</b>	NH-20-0001
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	System-Derived		

## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<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 ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

### Package Header

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### 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

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

Individuals who receive an optional state supplementary payment.

#### Package Header

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The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:
  - a. SSI
  - b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

### Package Header

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<b>Superseded SPA ID</b>	NH-19-0001		
	System-Derived		

### B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

### Package Header

<b>Package ID</b>	NH2020MS0002O	<b>SPA ID</b>	NH-20-0001
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	System-Derived		

### C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

### Package Header

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### D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
- No

b. Varies by payment classification.

- Yes
- No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

<b>Name of Classification</b>	<b>Description:</b>
Subsidized Community Residence	Subsidized Community Residence
<b>Individual</b>	<b>Couple</b>
\$859.00	\$1718.00
<b>Name of Classification</b>	<b>Description:</b>
Non-Subsidized Community Residence	Non-Subsidized Community Residence
<b>Individual</b>	<b>Couple</b>
\$919.00	\$1838.00
<b>Name of Classification</b>	<b>Description:</b>
Enhanced Family Care	Enhanced Family Care
<b>Individual</b>	<b>Couple</b>
\$977.00	\$1954.00
<b>Name of Classification</b>	<b>Description:</b>
Independent Living	Independent Living
<b>Individual</b>	<b>Couple</b>
\$797.00	\$1176.00
<b>Name of Classification</b>	<b>Description:</b>
Residential Care	Residential Care



**Individual**

**Couple**

\$977.00

\$1954.00

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2020MS0002O | NH-20-0001

### Package Header

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### E. Additional Information (optional)

The amounts listed for couples for Residential Care, Subsidized Community Residence, Non-Subsidized Community Residence, and Enhanced Family Care are entered as the individual amount doubled, however, there is technically no value for these as we always would consider individuals in these living arrangements as a household of 1.

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 6/10/2020 10:30 AM EDT*