
Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH 21-0046

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

January 18, 2022

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

Re: New Hampshire State Plan Amendment (SPA) 21-0046

Dear Commissioner Shibinette:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0046. This amendment was submitted to include an attestation to compliance with the Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209. This letter is to inform you that New Hampshire Medicaid SPA 21-0046 was approved on January 13, 2022 with an effective date of October 1, 2021.

If you have any questions, please contact Joyce Butterworth at 857-338-0554 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting 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
2 1 - 0 0 4 6

2. STATE
NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/01/2021

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170
Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-D, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-D, Page 1 (TN 16-003)

9. SUBJECT OF AMENDMENT
NEMT Assurance

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
Comments, if any, will follow.

11. SIGNATURE OF STATE AGENCY OFFICIAL

Ann H. Landry

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

13. TITLE
Associate Commissioner

14. DATE SUBMITTED
12-21-2021


FOR CMS USE ONLY

16. DATE RECEIVED 12/21/2021

17. DATE APPROVED 01/13/22

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2021

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS Pen and ink change to add Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209 to Block 5.

ASSURANCE OF MEDICAL TRANSPORTATION
CONTINUED

The Division of Medicaid Services attests that all of the minimum requirements of Section 1902(a)(87) of the Act are met.