Table of Contents

State/Territory Name:  New Hampshire

State Plan Amendment (SPA) #: 22-0001

This file contains the following documents in the order listed:

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

- **Package ID**: NH2022MS0002O
- **Program Name**: N/A
- **SPA ID**: NH-22-0001
- **Version Number**: 1
- **Submitted By**: Jody Farwell
- **Package Disposition**: Approved
- **Priority Code**: P2
- **Lead Division**: DMEP
- **Submission Type**: Official
- **State**: NH
- **Region**: Boston, MA
- **Package Status**: Approved
- **Submission Date**: 4/0
- **Approval Date**: 4 PM EDT
Center for Medicaid & CHIP Services

May 24, 2022

Lori Shibinette
Commissioner
NH Department of Health and Human Services, Office of Medicaid Services
19 Pleasant Street
Concord, NH 03301

Re: Approval of State Plan Amendment NH-22-0001

Dear Lori Shibinette,

On February 22, 2022, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-22-0001 to increase the standards for its Optional State Supplementary Program.

We approve New Hampshire State Plan Amendment (SPA) NH-22-0001 with an effective date(s) of January 01, 2022.

If you have any questions regarding this amendment, please contact Joyce Butterworth at joyce.butterworth@cms.hhs.gov.

Sincerely,

Division Director
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2022MS00020 | NH-22-0001

Package Header

Package ID NH2022MS00020
Submission Type Official
Approval Date 5/24/2022
Superseded SPA ID N/A

SPA ID NH-22-0001
Initial Submission Date 2/28/2022
Effective Date 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 | NH2022MS0002O | NH-22-0001

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<td>NH2022MS0002O</td>
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| superseded PA ID | N/A                     |

SPA ID and Effective Date

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<td>NH-22-0001</td>
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<table>
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<tr>
<th>Optional Eligibility Groups</th>
<th>1/1/2022</th>
<th>NH-21-0001</th>
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<tbody>
<tr>
<td>Optional State Supplement Beneficiaries</td>
<td>1/1/2022</td>
<td>NH-21-0001</td>
</tr>
</tbody>
</table>
Executive Summary

Summary Description Including: Increase in the standards for Optional State Supplemental Programs

Goals and Objectives

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

<table>
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<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<td>First 2022</td>
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<td>Second 2023</td>
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Federal Statute / Regulation Citation

§1618 and 1902(a)(10)(A)(ii)(V)

Supporting documentation of budget impact is uploaded (optional).

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<th>Date Created</th>
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No items available
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NH2022MS0002O | NH-22-0001

Package Header

Package ID   NH2022MS0002O
Submission Type   Official
Approval Date   5/24/2022
Superseded SPA ID   N/A
SPA ID   NH-22-0001
Initial Submission Date   2/28/2022
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 | NH2022MS0002O | NH-22-0001

Package Header

Package ID NH2022MS0002O
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Approval Date 5/24/2022
Superseded SPA ID N/A
SPA ID NH-22-0001
Initial Submission Date 2/28/2022
Effective Date 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 | NH0202MS0002O | NH-22-0001

Package Header

Package ID NH0000
Submission Type Official
Approval Date 5/24/2022
Initial Submission Date 2/28/2022
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
A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

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):

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
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<tbody>
<tr>
<td>Optional Coverage of Parents and Other Caretaker Relatives</td>
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<tr>
<td>Reasonable Classifications of Individuals under Age 21</td>
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<td></td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Children with Non IV E Adoption Assistance</td>
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<td>CONVERTED</td>
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<tr>
<td>Independent Foster Care Adolescents</td>
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<tr>
<td>Optional Targeted Low Income Children</td>
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<tr>
<td>Individuals above 133% FPL under Age 65</td>
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<tr>
<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
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<td></td>
<td></td>
<td>NEW</td>
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<tr>
<td>Individuals Eligible for Family Planning Services</td>
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<td>CONVERTED</td>
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<tr>
<td>Individuals with Tuberculosis</td>
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<td></td>
<td>NEW</td>
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<tr>
<td>Individuals Electing COBRA Continuation Coverage</td>
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<table>
<thead>
<tr>
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<th>Included in Another Submission Package</th>
<th>Source Type</th>
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</thead>
<tbody>
<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
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<tr>
<td>Eligibility Group Name</td>
<td>Covered In State Plan</td>
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<td>----------------------------------------------------------------------------------------</td>
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<td>-------------</td>
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<tr>
<td>Individuals Eligible for Cash Except for Institutionalization</td>
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<td>[ ]</td>
<td>NEW</td>
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<tr>
<td>Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>NEW</td>
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<tr>
<td>Optional State Supplement Beneficiaries</td>
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<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Individuals in Institutions Eligible under a Special Income Level</td>
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<td>PACE Participants</td>
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<td>NEW</td>
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<tr>
<td>Individuals Receiving Hospice</td>
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<tr>
<td>Children under Age 19 with a Disability</td>
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<td>Age and Disability-Related Poverty Level</td>
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<td>Work Incentives</td>
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<td>Ticket to Work Basic</td>
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<tr>
<td>Ticket to Work Medical Improvements</td>
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<td>Family Opportunity Act Children with a Disability</td>
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<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services</td>
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<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers</td>
<td>[ ]</td>
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Optional Eligibility Groups

### Package Header

- **Package ID**: NH2022M500020
- **SPA ID**: NH-22-0001
- **Submission Type**: Official
- **Approval Date**: 5/24/2022
- **Initial Submission Date**: 2/28/2022
- **Effective Date**: 1/1/2022
- **Superseded SPA ID**: NH-21-0001

### 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

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
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<tr>
<td>Medically Needy Pregnant Women</td>
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<tr>
<td>Medically Needy Children under Age 18</td>
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##### Aged, Blind and Disabled

<table>
<thead>
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<th>Eligibility Group Name</th>
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<tbody>
<tr>
<td>Protected Medically Needy Individuals Who Were Eligible in 1973</td>
<td>✓</td>
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#### 2. Optional Medically Needy:

##### Families and Adults

<table>
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<tr>
<th>Eligibility Group Name</th>
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<td>Medically Needy Reasonable Classifications of Individuals under Age 21</td>
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<td></td>
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##### Aged, Blind and Disabled

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<tr>
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<tbody>
<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>✓</td>
<td>✓</td>
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</table>
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
Optional State Supplement Beneficiaries

Indians who receive an optional state supplementary payment.

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).
B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.
   - Yes
   - No
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.
Optiona l State Supplement Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | NH2022MS0002O | NH-22-0001

Package Header

Package ID NH2022MS0002O
Submission Type Official
Approval Date 5/24/2022
Superseded SPA ID NH-21-0001
System-Derived

SPA ID NH-22-0001

Initial Submission Date 2/28/2022
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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.

   Name of Classification Description:
   Subsidized Community Residence
   Individual $917.00
   Couple $1834.00

   Name of Classification Description:
   Non-Subsidized Community Residence
   Individual $977.00
   Couple $1954.00

   Name of Classification Description:
   Enhanced Family Care
   Individual $1035.00
   Couple $2070.00

   Name of Classification Description:
   Independent Living
   Individual $855.00
   Couple $1262.00
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<tr>
<th>Residential Care</th>
<th>Residential Care</th>
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<tr>
<td><strong>Individual</strong></td>
<td><strong>Couple</strong></td>
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<td>$1035.00</td>
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Optional State Supplement Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | NH2022MS0002O | NH-22-0001

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</table>

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: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 5/26/2022 8:23 AM EDT