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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 23-0029

This file contains the following documents in the order listed:

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

NH - Submission Package - NH2023MS00030 - (NH-23-0029) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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



Center for Medicaid & CHIP Services

May 18, 2023

Lori A. Weaver
Interim 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-23-0029

Dear Lori A. Weaver,

On March 22, 2023, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-23-0029, in which the state proposed to increase its Medically Needy Income Levels.

We approve New Hampshire State Plan Amendment (SPA) NH-23-0029 with an effective date(s) of January 01, 2023.

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

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

NH - Submission Package - NH2023MS00030 - (NH-23-0029) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2023MS00030 | NH-23-0029

CMS-10434 OMB 0938-1188

Package Header

Package ID	NH2023MS00030	SPA ID	NH-23-0029
Submission Type	Official	Initial Submission Date	3/22/2023
Approval Date	05/18/2023	Effective Date	N/A
Superseded SPA ID	N/A		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 | NH2023MS00030 | NH-23-0029

Package Header

Package ID NH2023MS00030
Submission Type Official
Approval Date 05/18/2023
Superseded SPA ID N/A

SPA ID NH-23-0029
Initial Submission Date 3/22/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID NH-23-0029

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	1/1/2023	99-11 and 05-001

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2023MS00030 | NH-23-0029

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Executive Summary

Summary Description Including Goals and Objectives Increase in the Medically Needy Income Limit.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$2685192
Second	2024	\$3580256

Federal Statute / Regulation Citation

1902(a)(10) & (f)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2023MS00030 | NH-23-0029

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Comments, if any, will follow

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.

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NH - Submission Package - NH2023MS00030 - (NH-23-0029) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | NH2023MS00030 | NH-23-0029

CMS-10434 OMB 0938-1188

Package Header

Package ID	NH2023MS00030	SPA ID	NH-23-0029
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Approval Date	05/18/2023	Effective Date	<u>1/1/2023</u>
Superseded SPA ID	99-11 and 05-001		
	User-Entered		

A. Income Level Used

- The state employs a single income level for the medically needy, subject to the condition described in A.3.
 Yes
 No
- The income level varies based on differences between shelter costs in urban and rural areas.
 Yes
 No
- The state has a separate income level for the individuals who are age 65 or older, or who have blindness or a disability.
 Yes
 No
- The level used is:

Household size	Standard
1	\$888.00
2	\$1033.00
3	\$1177.00
4	\$1311.00
5	\$1444.00
6	\$1611.00
7	\$1744.00
8	\$1944.00
9	\$2055.00
10	\$2222.00
11	\$2411.00
12	\$2566.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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C. Additional Information (optional)

Additional Information for section A.

- Notwithstanding the indication above that New Hampshire does not incrementally increase the MNIL for larger household sizes, the state increases the MNIL by an amount equal to the TANF standard for households larger than twelve (12).

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