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State/Territory Name: **New Hampshire**

State Plan Amendment (SPA) #: **23-0039**

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

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

August 11, 2023

Lori A. Weaver
Interim Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 23-0039

Dear Interim Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0039. This amendment proposes to remove the requirement of charging premiums on a sliding fee scale for participants to contribute to the cost of medical assistance for the TWWIA BBA and Basic coverage groups.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §42 CFR 447.50-57. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 23-0039 is approved effective July 1, 2023.

If you have any questions, please contact Joyce Butterworth at 857-357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Henry Lipman, State Medicaid Director
Dawn Tierney, Medicaid Business and Policy

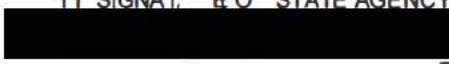
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 3 9</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2023 07/01/2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C § 1396a(10)(A)(ii)(XIII) and 42 USC 1396a(a)(10)(A)(ii)(XV) Sections 1916 and 1916A of the SSA; 42 CFR 447.50-57.	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ <u>66,000</u> b. FFY 2024 \$ <u>132,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.6-A page 12m Attachment 2.6-A page 12o	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 2.6-A page 12m (TN 21-0024) Attachment 2.6-A page 12o (TN 02-005)	

9. SUBJECT OF AMENDMENT
SPA to Elimination of Premiums for TWWIIA BBA and Basic Coverage Groups

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Jillian R Landry Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. TYPED NAME An n H. alrdry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED 6/29/2023	

FOR CMS USE ONLY

16. DATE RECEIVED 06/29/2023	17. DATE APPROVED 08/11/2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2023	19. SIGNATURE 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
The federal fiscal impact stated in box 6 is estimated to be a decrease in federal expenditures for FFY 23 of \$66,000 and for FFY 24 \$132,000.
Pen and Ink change to Box 4 changing the effective date to 07/01/2023, Pen and Ink change to Box 5 adding federal statute and regulation.

State/Territory: New Hampshire

Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XIII), (XV),
(XVI), and 1916(g)
of the Act

Payment of Premiums or Other Cost Sharing Charges.

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:

— The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:

Not Applicable

State/Territory: New Hampshire

Citation	Condition or Requirement
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1902(a)(10)(A)
(ii)(XIII), (XV),
(XVI), and 1916(g)
of the Act

Premiums and Other Cost Sharing Charges.

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below:

Not Applicable