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**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 24-0035**

This file contains the following documents in the order listed:

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

# NH - Submission Package - NH2024MS0006O - (NH-24-0035) - 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

November 01, 2024

Lori Weaver  
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-24-0035

Dear Commissioner Weaver,

On September 23, 2024, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-24-0035, in which the state proposed to adopt the optional eligibility group described in 42 C.F.R. 435.218 ("Individuals with MAGI-based income above 133 percent FPL") and serve in it children under 19 whose incomes are no greater than 318 percent of the federal poverty level and who may have other insurance.

We approve New Hampshire State Plan Amendment (SPA) NH-24-0035 with an effective date(s) of July 01, 2024.

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 G. Scott  
Director  
Center for Medicaid & CHIP Services

# NH - Submission Package - NH2024MS0006O - (NH-24-0035) - Eligibility

- Summary
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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0006O | NH-24-0035

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NH2024MS0006O	SPA ID	NH-24-0035
Submission Type	Official	Initial Submission Date	9/23/2024
Approval Date	11/01/2024	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Superseded SPA ID	N/A		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
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### Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0006O | NH-24-0035

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SPA ID and Effective Date

SPA ID NH-24-0035

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/1/2024	NH-24-0006
Individuals above 133% FPL under Age 65	7/1/2024	NH-130017-MM1

Page Number of the Superseded Plan Section or Attachment (If Applicable):

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0006O | NH-24-0035

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## Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this amendment is to clarify that New Hampshire covers in Medicaid children under age 19 with income up to 318% of the FPL who have other comprehensive health insurance coverage. This amendment is being submitted to indicate that New Hampshire elects to cover the optional eligibility group of individuals with income above 133% of the FPL, pursuant to 42 CFR 435.218, limited to children under age 19. The effective date of this amendment is July 1, 2024.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

### Federal Statute / Regulation Citation

42 CFR 435.218

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00060 | NH-24-0035

### Package Header

Package ID	NH2024MS00060	SPA ID	NH-24-0035
Submission Type	Official	Initial Submission Date	9/23/2024
Approval Date	11/01/2024	Effective Date	N/A
Superseded SPA ID	N/A		

### Governor's Office Review

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

**Describe** Comments will be provided if received

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 - NH2024MS0006O - (NH-24-0035) - Eligibility

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0006O | NH-24-0035

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NH2024MS0006O	SPA ID	NH-24-0035
Submission Type	Official	Initial Submission Date	9/23/2024
Approval Date	11/01/2024	Effective Date	7/1/2024
Superseded SPA ID	NH-24-0006		
User-Entered			

### 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"/>	APPROVED
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
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 | NH2024MS0006O | NH-24-0035

## Package Header

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Superseded SPA ID	NH-24-0006		
User-Entered			

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

#### 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

#### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0006O | NH-24-0035

## Package Header

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User-Entered			

## 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

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# NH - Submission Package - NH2024MS0006O - (NH-24-0035) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0006O | NH-24-0035

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

Package ID	NH2024MS0006O	SPA ID	NH-24-0035
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Superseded SPA ID	NH-130017-MM1		
User-Entered			

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

#### A. Characteristics

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

- Are under age 65
- Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
- Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
- Have household income that exceeds 133% FPL but is at or below the standard set by the state

#### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

## C. Individuals Covered

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

☐ Yes ☒ No

2. The state covers the following populations:

☒ a. All children under a specified age limit:

- ☐ i. Under age 21
- ☐ ii. Under age 20
- ☒ iii. Under age 19
- ☐ v. Under age 18

☐ b. Reasonable classifications of children

☐ c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income

☐ d. Pregnant women

☐ e. Other

## D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

☒ Yes ☐ No

2. The income standard for this eligibility group is:

☒ a. Percentage of the federal poverty level.

318.00% FPL

☐ b. No income test (the income standard is infinite).

## E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- ☒ 1. Under age 19, or
- ☐ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

## F. Phase-In

The state elects to phase-in coverage to individuals in this group.

☐ Yes ☒ No

**G. Additional Information (optional)**

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