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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-24-0036

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Managed Care Group

November 12, 2024

Lori A. Weaver, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Re: New Hampshire Plan Amendment (SPA) 24-0036

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) completed review of New Hampshire's 1932(a) State Plan Amendment (SPA) Transmittal Number 24-0036 submitted on September 25, 2024. The purpose of this SPA is to cover two optional eligibility groups under managed care: children under age 19 with income between 196% and 318% who have third-party liability and the work incentive group, pursuant to section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act, which is limited to individuals aged 65 years and older.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that New Hampshire Medicaid SPA Transmittal Number 24-0036 is approved effective July 1, 2024.

If you have any questions regarding this amendment, please contact Stephanie Gonzalez at (667) 414-0684 or via email at Stephanie.Gonzalez@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Director
Division of Managed Care Operations

cc: Henry Lipman, State Medicaid Director
Shirley Iacopino, Bureau Chief
Matthew Rodriguez, DMCO

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 3 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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 435.218
1902(a)(10)(A)(ii)(XIII) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F, page 8
Attachment 3.1-F, page 9

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-F, page 8 (TN 18-0009)
Attachment 3.1-F, page 9 (TN 18-0009)

9. SUBJECT OF AMENDMENT

Coverage of children under age 19 with income between 196% and 318% who have third-party liability; Coverage of Work Incentive Group

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. AGENCY OFFICIAL

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

September 25, 2024

15. RETURN TO

Sara Hall
Division of Medicaid Services - Brown Building
129 Pleasant Street
Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED

09/25/24

17. DATE APPROVED

11/12/24

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/24

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL

Bill Brooks

21. TITLE OF APPROVING OFFICIAL

Director, Division of Managed Care Operations

22. REMARKS

Governor's comments, if any, will follow.

State: New Hampshire

Citation

Condition or Requirement

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
8. Individuals Receiving SSI age 19 or over only (See E.2 below regarding age <19)	§435.120					N/A. do not cover as a 209(b) state.
9. Aged and Disabled Individuals in 209(b) States	§435.121	X			Statewide	
10. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increase since April, 1977	§435.135	X			Statewide	
11. Disabled Widows and Widowers Ineligible for SSI due to an increase of OASDI	§435.137					N/A. do not cover as a 209(b) state.
12. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	§435.138					N/A. do not cover as a 209(b) state.
13. Working Disabled under 1619(b)	1619(b), 1902(a)(10)(A)(i)(II), and 1905(q) of SSA	X			Statewide	
14. Disabled Adult Children	1634(c) of SSA					N/A. do not cover as a 209(b) state.

B. Optional Eligibility Groups

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220					N/A. Did not elect to cover.
2. Optional Targeted Low-Income Children	§435.229	X			Statewide	
3. Independent Foster Care Adolescents Under Age 21	§435.226					N/A. Did not elect to cover.
4. Individuals Under Age 65 with Income Over 133%	§435.218	X			Statewide	Coverage is for children under age 19 with income between 196% and 318% who have third-party liability.
5. Optional Reasonable Classifications of Children Under Age 21	§435.222	X			Statewide	
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10)(F) of SSA					N/A. Did not elect to cover.

State: New Hampshire

Citation

Condition or Requirement

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230	X			Statewide	
8. Individuals eligible for Cash except for Institutionalized Status	§435.211	X			Statewide	
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217	X			Statewide	
10. Optional State Supplement Recipients 1634 and SSI Criteria States — with 1616 Agreements	§435.232					N/A. Not covered as a 209(b) state
11. Optional State Supplemental Recipients 209(b) States and SSI criteria States without 1616 Agreements	§435.234	X			Statewide	
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236	X			Statewide	
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA					N/A. Did not elect to cover.
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii)(VII) and 1905(0) of the SSA					N/A. Did not elect to cover
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii)(X) and 1902(m)(1) of the SSA					N/A. Did not elect to cover
16. Work Incentive Group	1902(a)(10)(A)(ii)(XIII) of the SSA	X			Statewide	Individuals aged 65 and older.
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii)(XV) of the SSA				Statewide	
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii)(XVI) of the SSA					N/A. Did not elect to cover.
19. Family Opportunity Act Children Disabilities	1902(a)(10)(A)(ii)(XIX) of the SSA					N/A. Did not elect to cover.
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219					N/A. Did not elect to cover.

TN No: 24-0036

Supersedes

TN 18-0009

Approval Date

Effective Date: 07/01/2024