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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-24-0040

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

December 18, 2024

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

Re: New Hampshire State Plan Amendment (SPA) 24-0040

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) completed review of New Hampshire's 1932(a) State Plan Amendment (SPA) Transmittal Number 24-0040 submitted on December 13, 2024. The purpose of this SPA is to correct Attachment 3.1 F, page 9 and reinclude Ticket to Work Basic Group as an eligibility group.

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 24-0040 is approved effective October 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 covers 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 4 0

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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(10)(A)(ii)(XV) 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 9

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-F, page 9 (TN 24-0036)

9. SUBJECT OF AMENDMENT

Correction: Coverage of Ticket to Work Basic 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. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

December 13, 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

12/13/24

17. DATE APPROVED

12/18/24

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/1/24

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 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|---|---|---|----------------------------------------------------------------|------------------------------------|
| 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 | X | | | 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: 24-0040

Supersedes

TN 24-0036

Approval Date: 12/18/2024

Effective Date: 10/01/2024