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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

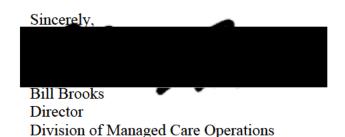
Re: New Hampshire State Plan Amendment (SPA) 24-0040

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.



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. STATE       2     4     0     0     4     0       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. FFY2024\$_0 b. FFY2025\$_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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F, page 9 (TN 24-0036)			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:			
	15. RETURN TO Sara Hall Division of Medicaid Services - Brown Building			
12. TYPED NAME       Ann H. Landry       13. TITLE       Associate Commisioner	129 Pleasant Street Concord, NH 03301			
14. DATE SUBMITTED December 13, 2024				
FOR CMS U				
12/13/24	17. DATE APPROVED 12/18/24			
PLAN APPROVED - Ó				
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/24	19. SIGNA			
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL			
Bill Brooks	Director, Division of Managed Care Operations			

Governor's comments, if any, will follow.

### State: New Hampshire

Citation

### Condition or Requirement

2. Aged/Blind/Disabled				-	a 11 1	37.
Eligibility Group	Citation (Regulation [42 CFR] or SSA)	М	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
<ol> <li>Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash</li> </ol>	§435.210 and §435.230	Х			Statewide	
8. Individuals eligible for Cash except for Institutionalized Status	§435.211	Х			Statewide	
<ol> <li>Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules</li> </ol>	§435.217	Х			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
<ol> <li>Optional State Supplemental Recipients209(b) States and SSI criteria States without 1616 Agreements</li> </ol>	§435.234	Х			Statewide	
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236	Х			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	Х			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.
TNI NI 24 0040			I			

#### 2. Aged/Blind/Disabled Individuals

TN No: <u>24-0040</u> Supersedes TN <u>24-0036</u>

Effective Date: 10/01/2024