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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 26-0001

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 - NH2026MS0001O - (NH-26-0001) - Eligibility

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

April 13, 2026

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-26-0001

Dear Lori Weaver,

On March 12, 2026, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-26-0001, in which the state proposed to memorialize the new income standards for its optional state supplement program, the beneficiaries of which are eligible for Medicaid under New Hampshire's state plan.

We approve New Hampshire State Plan Amendment (SPA) NH-26-0001 with an effective date(s) of January 01, 2026.

If you have any questions regarding this amendment, please contact Joyce Butterworth at (857) 357-6375 or joyce.butterworth@cms.hhs.gov.

Sincerely,

Nicole McKnight

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

NH - Submission Package - NH2026MS0001O - (NH-26-0001) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	NH2026MS0001O	SPA ID	NH-26-0001
Submission Type	Official	Initial Submission Date	3/12/2026
Approval Date	04/13/2026	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Superseded SPA ID	N/A		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

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

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SPA ID and Effective Date

SPA ID NH-26-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2026	NH-25-0001
Optional State Supplement Beneficiaries	1/1/2026	NH-25-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

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Executive Summary

Summary Description Including Goals and Objectives Increase in the standards for Optional State Supplementary Programs

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$0
Second	2027	\$0

Federal Statute / Regulation Citation

§1618 and 1902(a)(10)(A)(ii)(v)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

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Governor's Office Review

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

Describe Comments, if any, will follow.

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 - NH2026MS0001O - (NH-26-0001) - Eligibility

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

CMS-10434 OMB 0938-1188

Package Header

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" 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 checked="" 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 | NH2026MS0001O | NH-26-0001

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

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

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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 - NH2026MS0001O - (NH-26-0001) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

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The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:
 - a. SSI
 - b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

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B. Individuals Covered

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

- Yes
- No

Optional State Supplement Beneficiaries

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2026MS0001O | NH-26-0001

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
 No

b. Varies by payment classification.

- Yes
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Subsidized Community Residence	Subsidized Community Residence
Individual	Couple
\$1070.00	\$2140.00
Name of Classification	Description:
Non-Subsidized Community Residence	Non-Subsidized Community Residence
Individual	Couple
\$1130.00	\$2260.00
Name of Classification	Description:
Enhanced Family Care	Enhanced Family Care
Individual	Couple
\$1188.00	\$2376.00
Name of Classification	Description:
Independent Living	Independent Living
Individual	Couple
\$1008.00	\$1492.00
Name of Classification	Description:

Residential Care

Residential Care

Individual

Couple

\$1188.00

\$2376.00

Optional State Supplement Beneficiaries

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E. Additional Information (optional)

The amounts listed for couples for Residential Care, Subsidized Community Residence, Non-Subsidized Community Residence, and Enhanced Family Care are entered as the individual amount doubled; however, there is technically no value for these as we always would consider individuals in these living arrangements as a household of 1.

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