HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-005	NH
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE
FOR. HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
TO DECIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
TO: REGIONAL ADMINISTRATOR		
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT:		
Section 1860D-2(e)(2)(A) of the Act as amended by Section 175 of the	A TOTAL CONTROL OF THE PARTY OF	2
MIPPA of 2008	(\$135,750) – Remainder of FFY 2013 (\$181,000) – FFY 2014	
WIFFA OI 2008	(\$181,000) - FFY 2014	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
6. TAGE NOMBER OF THE FEAR SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
	OKTI MOTHILIVI (IJ Applicacie).	
Attachment 3.1-A, pages 5a(2) and 5a(3)	Attachment 3.1-A, pages 5a(2) and 5a(3), TN 06-005	
Attachment 3.1-B, pages 4d and 4e	Attachment 3.1-B, pages 4d and 4e, TN 06-005	
10. SUBJECT OF AMENDMENT:		
Part D Coverage of Benzodiazepines and Barbiturates		
Tart D Coverage of Delizodiazephies and Barottarates		
11. GOVERNOR'S REVIEW (Check One):	M	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED: comments, if any, will follow	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY/OFFICIAL:	16. RETURN TO:	
12. SIGNATORE OF STATE AGENCE OF FICIAL.	10. RETORN TO	
Kidle H	Dawn Landry	
13. TYPED NAME: Nicholas A. Toumpas	Division of Family Assistance/Brown Building	
14 COUNTY D. C.	Department of Health and Human Services	
14. TITLE: Commissioner	129 Pleasant Street	
15. DATE SUBMITTED:	Concord, NH 03301	
March 26, 2013		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
March 26, 2013	May 30, 2013	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	
January 1, 2013	/s/	Section 1. The second
21. TYPED NAME:	22. TITLE: Associate Regional Administrator	WENT TO THE
Richard R. McGreal	Division of Medicaid & Children's Health Opera	ations, Boston, MA
23. REMARKS:		
No Pen & Ink change requests.		