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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH 17-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid & Children's Health Operations / Boston Regional Office

June 13, 2017

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

Dear Mr. Meyers:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 17-0001 with an effective date of January 1, 2017, as requested by your Agency.

This SPA transmitted a proposed amendment to New Hampshire's approved Title XIX State plan to increase the standards for the optional State supplementary payment program.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:
Dawn Landry, Medicaid Program Specialist

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
17-0001

2. STATE
NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
01/01/2017

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:
• § 1618 and 1902(a)(10)(A)(ii)(V).

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 - \$0.00
b. FFY 2018 - \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A; and
Supplement 7 to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Supplement 6 to Attachment 2.6-A (TN 15-001); and
Supplement 7 to Attachment 2.6-A, page 1 (TN 15-001)

10. SUBJECT OF AMENDMENT:

Increase in the Standards for Optional State Supplementary Payments

11. GOVERNOR'S REVIEW (*Check One*):

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:

/s/

13. TYPED NAME:

Jeffery A. Meyers

14. TITLE:

Commissioner

15. DATE SUBMITTED:

March 31, 2017

16. RETURN TO:

Dawn I. Landry
Medicaid Policy Manager
DHHS/Division of Family Assistance
129 Pleasant Street
Concord, NH 03301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/17

18. DATE APPROVED: 6/13/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:

Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid
and Children's Health Operations, Boston Regional Office

23. REMARKS:

State: New Hampshire
 Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards
	Federal (2)	State	Gross		Net		Employment Expense Disregards
			1 Person (3)	Couple	1 Person (4)	Couple	
(1) Aged		X	\$2,205	\$4,410	\$749	\$1,104	OAA/APTD/ANB - <u>Any Income</u> : \$13 individual \$20 couple ANB - <u>Earned Income</u> : First \$85 plus 1/2 of the remaining income from earned income. Additional disregards for Individual Written Rehabilitation Plans approved by Supervisor of Blind Services, Vocational Rehabilitation Division OAA/APTD - <u>Earned Income</u> : Federal SSI earned income deductions. Applies to those in independent or Community/Residential living groups
Blind		X	\$2,205	\$4,410	\$749	\$1,104	
Disabled		X	\$2,205	\$4,410	\$749	\$1,104	
Congregate Living Arrangement Residential Care Facility		X	\$2,205	\$4,410	\$929		
Community Residence (Subsidized)		X	\$2,205	\$4,410	\$811		
Community Residence (Non- Subsidized)		X	\$2,205	\$4,410	\$871		
Community Residence (Enhanced Family Care Facility)		X	\$2,205	\$4,410	\$929		

New Hampshire is a 1902(f) state.

TN No. 17-0001
 Supersedes
 TN No. 15-001

Approval Date 6/13/17

Effective Date 01/01/2017
 HCFA ID: 7985E

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

SUPPLEMENT 7 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

State Supplement levels - Categorically Needy

OAA, APTD, ANB
(independent living arrangements)*

\$749 for one adult
\$1,104 for an adult couple or
an adult and essential household member
\$1,459 for an adult couple and essential household member

(congregate living arrangements)

\$929 each individual (residential care facility)
\$811 each subsidized individual (community residence)
\$871 each non-subsidized individual (community residence)
\$929 each individual (community residence - enhanced family care facility)

Optional Categorically Needy
(Special Income Level)

\$2,205 for one adult
\$4,410 for two adults

* Essential household member included for supplementation.

TN No. 17-0001
Supersedes
TN No. 15-001

Approval Date 6/13/17

Effective Date 01/01/2017

HCFA ID: 7985E