

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



*CENTERS for MEDICARE & MEDICAID SERVICES*

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

June 22, 2011

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

Dear Mr. Toumpas:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-001 with an effective date of March 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to New Hampshire's approved Title XIX State plan to increase the Federal poverty guidelines (FPGs) for various poverty level groups to reflect the increase in the FPGs as published in the Federal Register (FR) on January 20, 2011.

Beginning with this SPA, we changed how we process the annual Federal Poverty Level (FPL) updates. States are no longer required to include tables with the actual dollar amounts in the plan pages. State plan pages that only include the applicable percentages of the FPL for each eligibility group is sufficient. There will be no need to submit SPAs every year thereafter unless the FPL percentage changes for an eligibility group. Although we will not be requiring States to submit SPAs every year after 2011, we will continue to review the FPL amounts that have been calculated by each State. We will ask the States to verify these amounts shortly after the guidelines are published by the U.S. Department of Health and Human Services. We also took this opportunity to delete State plan pages for poverty level groups that are no longer applicable. All the changes to this SPA that were agreed upon by CMS and your Department are noted in Section 23 (Remarks) on the Form 179.

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:

Kathleen Dunn, Medicaid Director  
Dawn Landry, State Plan Coordinator  
Diane Peterson

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11-001</b>	2. STATE NH
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 3/1/2011
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION 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: § 1902(a)(10)(A)(ii)(XV), § 1902 (a)(10)A(i)(IV), § 1902(a)(10)(a)(i)(VI), 1902(a)(10)(A)(i)(VII), § 1902(a)(10)(E)(i); § 1902 (a)(10)(A)(ii)(IX) and §§ 1902(l)(1)(A) and (l)(1)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A, pages 1- 6, 8 Attachment 2.6-A, page 12d Attachment 2.2-A, page 21	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 2.6-A, pages 1- 6, 8 Attachment 2.6-A, page 12d Attachment 2.2-A, page 21

10. SUBJECT OF AMENDMENT:  
**Mandatory Income Eligibility Limit Increases for Various Programs**

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:	16. RETURN TO:
13. TYPED NAME: <u>Nicholas A. Toumpas</u>	Dawn I. Landry Brown Building/ DHHS, Program Support 129 Pleasant Street Concord, NH 03301
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 25, 2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/25/11	18. DATE APPROVED: 6/22/11
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/11	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Richard McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: Per agreement with State staff, the following changes were made:

- (1) Removed FPL tables with dollar amounts in Supplement 1 to Attachment 2.6-A, pages 1- 3
- (2) Amended the language in Attachment 2.6-A, page 12d
- (3) Removed Supplement 8b to Attachment 2.6-A, page 2 from this SPA since this page is not being updated.
- (4) Deleted the text in Supplement 1 to Attachment 2.6-A, pages 4 and 5 from State Plan since these pages are no longer applicable.
- (5) Deleted the text in Supplement 1 to Attachment 2.6-A, page 8 from State Plan since the QMB figures are already specified in the State Plan in Attachment 2.2-A, page 9b.
- (6) Deleted the text in Supplement 1 to Attachment 2.6-A, page 6 from State Plan since this QMB page is not applicable.
- (7) Deleted the text in Attachment 2.2-A, page 21 from State Plan since this page is no longer applicable. This page was submitted as "Supplement 1" to Attachment 2.2-A, page 21. That was a mistake; this page is just Attachment 2.2-A, page 21
- (8) Corrected regulation citation in Supplement 1 to Attachment 2.6-A, page 3 to say 1902(a)(10)(A)(ii)(IX) instead of 1902(a)(1)(A)(ii)(IX).
- (9) Form 179: Added FFY values in Box 7; Boxes 8 and 9 above were updated to reflect all of the changes described in Remarks 1-8.

Revision: HCFA-PM-91-4  
August 1991

(BPD)

Supplement 1 to ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard	Payment Standard	Maximum Payment Amounts
1	\$1241	\$414	\$414
2	1632	481	481
3	2034	550	550
4	2402	613	613
5	2752	673	673
6	3224	754	754
7	3592	817	817
8	4134	910	910
9	4438	962	962
10	4887	1039	1039
11	5395	1126	1126
12	5815*	1198**	1198**

\* For family sizes over 12, subtract \$268 from the payment standard for 12. Add to the result, \$67 for each additional member and divide that by 0.1835. Then add to that number, \$268.

\*\* For each additional person, add \$67

2. Pregnant Women and Infants Under Section 1902(a)(10)(A)(i)(IV) of the Act:

Based on the following percent of the official Federal income poverty level --

133 percent       185 percent (no more than 185 percent)  
(specify)

TN No. 11-001  
Supersedes  
TN No. 08-016

Approval Date 6/22/11

Effective Date 03/01/11

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Supplement 1 to ATTACHMENT 2.6-A  
Page 2  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(A)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
  
4. For children under Section 1902(a)(10)(A)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

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Supplement 1 to ATTACHMENT 2.6-A  
Page 3  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(l)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

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Supplement 1 to ATTACHMENT 2.6-A  
Page 4  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME ELIGIBILITY LEVELS (Continued)

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Supplement 1 to ATTACHMENT 2.6-A  
Page 5  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME ELIGIBILITY LEVELS (Continued)

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 6  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME ELIGIBILITY LEVELS (Continued)

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TN No. 02-005

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 8

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

INCOME ELIGIBILITY LEVELS (Continued)

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Effective Date 03/01/11

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Revision:

ATTACHMENT 2.6-A  
Page 12d  
OMB No.:

State/Territory: New Hampshire

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Citation	Condition or Requirement
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1902(a)(10)(A)  
(ii)(XV) of the Act

(ii) Working Individuals with Disabilities – Basic Coverage Group –  
TWWIIA

In determining the countable income and resources for working individuals with disabilities under this provision, the following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s):

Net monthly income using the State's methodology as specified in Supplement 6 to Attachment 2.6-A may not exceed 450% of the federal poverty guidelines.

Effective 3/1/2011, the countable resources for an individual may not exceed \$25,391 and the countable resources for a married couple may not exceed \$38,087. These standards are updated annually by the percentage change in the Consumer Price Index for All Urban Consumers (CPI-U).

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ATTACHMENT 2.2-A  
Page 21  
OMB No.: 0938-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State:** New Hampshire

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

- 15.
- 15a.

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