

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

1. TRANSMITTAL NUMBER:  
12-001

2. STATE  
NH

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE  
01/01/2012

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 2012 \$0.00  
b. FFY 2013 \$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

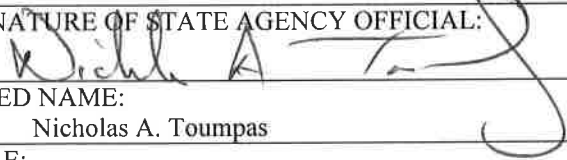
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Supplement 6 to Attachment 2.6-A (TN 09-001); and  
Supplement 7 to Attachment 2.6-A, page 1 (TN 09-001)

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:



13. TYPED NAME:  
Nicholas A. Toumpas

14. TITLE:  
Commissioner

15. DATE SUBMITTED:  
March 30, 2012

16. RETURN TO:

Dawn I. Landry  
Medicaid Eligibility Program Specialist  
DHHS/Division of Family Assistance  
129 Pleasant Street  
Concord, NH 03301

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/30/12

18. DATE APPROVED: 6/28/12

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/12

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:

CMS and the State agreed to the following pen and ink changes to the Form 179:  
1. Updated the FFY values in Box 7 from 2009/2010 to 2012/2013.  
2. Changed the subject of the amendment in Box 10 from "January 2012 Mass Change" to "Increase in the Standards for Optional State Supplementary Payments"