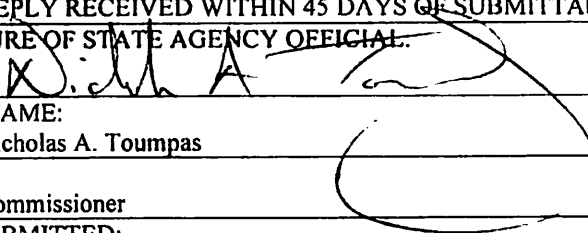
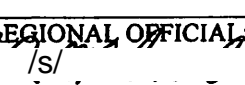


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 13-001	2. STATE NH
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2013 - \$0.00 b. FFY 2014 - \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6-A (TN 12-001); and Supplement 7 to Attachment 2.6-A, page 1 (TN 12-001)	
10. SUBJECT OF AMENDMENT: Increase in the Standards for Optional State Supplementary Payments			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: comments, if any, will follow <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Dawn I. Landry Medicaid Eligibility Program Specialist DHHS/Division of Family Assistance 129 Pleasant Street Concord, NH 03301	
13. TYPED NAME: Nicholas A. Toumpas			
14. TITLE: Commissioner			
15. DATE SUBMITTED: March 29, 2013			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 3/29/13		18. DATE APPROVED: 5/15/13	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/13		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS:			