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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH 13-0024

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

December 31, 2013

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. 13-024 with an effective date of December 31, 2013, as requested by your Agency.

This SPA transmitted a proposed amendment to New Hampshire's approved Title XIX State plan to continue to provide coverage of children in the State's Medicaid program for 12 months if they would have lost Medicaid eligibility due the elimination of income disregards under the Modified Adjusted Gross Income (MAGI) methodologies which are effective January 1, 2014.

Section 2101(f) of the Affordable Care Act provides that States maintain coverage under a separate Children's Health Insurance Program (CHIP) for children who lose Medicaid eligibility due to the loss of income disregards under MAGI. CMS has allowed States an additional option to continue to provide coverage of these children in the State's Medicaid program for 12 months, thereby eliminating the need to provide coverage under a separate CHIP. New Hampshire has chosen this option which requires the State to provide Medicaid coverage until the child's first scheduled annual renewal.

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

Sincerely,

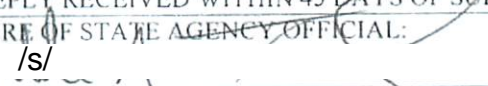

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:

Kathleen Dunn, Medicaid Director
Dawn Landry, Medicaid Program Specialist

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-0024	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 12/31/2013	
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: 42 CFR 435.222		7. FEDERAL BUDGET IMPACT: a. FFY 2013 - b. FFY 2014 - The state is unable to estimate the increased cost for this amendment for FFY 2013 & 2014	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.2-A, Page3; and Supplement 8a to Attachment 2.6-A, page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A these are new pages	
10. SUBJECT OF AMENDMENT: Adding Coverage of Reasonable Classification of Individuals Under Age 21			
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:  /s/		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		17. DATE RECEIVED: 12/30/13	
14. TITLE: Commissioner		18. DATE APPROVED: 12/31/13	
15. DATE SUBMITTED: December 30, 2013		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/31/13		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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

42 CFR 435.222

2101(f)-Like Children: Children under age 19 who were enrolled in Medicaid on 12/31/13 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEW HAMPSHIRE

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

Non-Section 1902(f) State

Disregard all income for the 2101(f)-like reasonable classification of children described in Supplement 1 to Attachment 2.2-A, page 3.

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