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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 15-0001

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 16, 2015

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. 15-0001 with an effective date of January 1, 2015, 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**

1. TRANSMITTAL NUMBER:
15-001

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
01/01/2015

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 2015 - \$0.00
- b. FFY 2016 - \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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 14-001); and
Supplement 7 to Attachment 2.6-A, page 1 (TN 14-001)

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:

Nicholas A. Toumpas

14. TITLE:

Commissioner

15. DATE SUBMITTED:

March 31, 2015

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: 3/31/15

18. DATE APPROVED: 6/16/15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/15

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 Employment Expense Disregards
	Federal (2)	State	Gross		Net		
(1)			1 Person (3)	Couple	1 Person (4)	Couple	
Aged		X	\$2,199	\$4,398	\$747	\$1,101	OAA/APTD/ANB - <u>Any Income</u> : \$13 individual \$20 couple
Blind		X	\$2,199	\$4,398	\$747	\$1,101	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
Disabled		X	\$2,199	\$4,398	\$747	\$1,101	OAA/APTD - <u>Earned Income</u> : Federal SSI earned income deductions.
Congregate Living Arrangement Residential Care Facility		X	\$2,199	\$4,398	\$927		Applies to those in independent or Community/Residential living groups
Community Residence (Subsidized)		X	\$2,199	\$4,398	\$809		
Community Residence (Non- Subsidized)		X	\$2,199	\$4,398	\$869		
Community Residence (Enhanced Family Care Facility)		X	\$2,199	\$4,398	\$927		

New Hampshire is a 1902(f) state.

TN No. 15-001
Supersedes
TN No. 14-001

Approval Date 6/16/15

Effective Date 01/01/2015
HCFA ID: 7985E

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)*

\$747 for one adult
\$1,101 for an adult couple or
an adult and essential household member
\$1,455 for an adult couple and essential household member

(congregate living arrangements)

\$927 each individual (residential care facility)
\$809 each subsidized individual (community residence)
\$869 each non-subsidized individual (community residence)
\$927 each individual (community residence - enhanced family care facility)

Optional Categorically Needy
(Special Income Level)

\$2,199 for one adult
\$4,398 for two adults

* Essential household member included for supplementation.