

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: NH 18-0001**

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**

April 30, 2018

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

Dear Mr. Meyers (via e-mail):

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 18-0001 with an effective date of January 1, 2018, 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 (781) 335-3455.

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc:

Henry Lipman, State Medicaid Director (via e-mail)  
Catrina French, Medicaid Program Specialist (via e-mail)

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

1. TRANSMITTAL NUMBER:  
18-0001

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  
01/01/2018

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 2018 - \$0.00  
b. FFY 2019 - \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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 17-001); and  
Supplement 7 to Attachment 2.6-A, page 1 (TN 17-001)

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:  
*[Handwritten Signature]*  
/s/

16. RETURN TO:

Catrina French  
Medicaid Program Specialist  
DHHS/Office of Medicaid Services  
129 Pleasant Street  
Concord, NH 03301

13. TYPED NAME:

Jeffery A. Meyers

14. TITLE:

Commissioner

15. DATE SUBMITTED:

March 28, 2018

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 28, 2018

18. DATE APPROVED: April 30, 2018

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018

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

**OFFICIAL**

Payment Category (Reasonable Classification)	Administered by		Income Level		Income Disregards Employment Expense Disregards	
	Federal (2)	State	Gross	Net		
(1) Aged		X	1 Person (3) \$2,250	Couple \$4,500	OAA/APTD/ANB - Any Income: \$13 individual \$20 couple ANB - Earned Income: 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	
Blind		X	\$2,250	\$4,500	\$764	\$1,126
Disabled		X	\$2,250	\$4,500	\$764	\$1,126
Congregate Living Arrangement Residential Care Facility		X	\$2,250	\$4,500	\$944	Applies to those in independent or Community/Residential living groups
Community Residence (Subsidized)		X	\$2,250	\$4,500	\$826	
Community Residence (Non- Subsidized)		X	\$2,250	\$4,500	\$886	
Community Residence (Enhanced Family Care Facility)		X	\$2,250	\$4,500	\$944	

New Hampshire is a 1902(f) state.

TN No. 18-0001  
Supersedes  
TN No. 17-001

Approval Date 4/30/18

Effective Date 01/01/2018  
HCFA ID: 7985E

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

SUPPLEMENT 7 TO ATTACHMENT 2.6-A  
Page 1

OMB No.: 0938-

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)\*

- \$764 for one adult
- \$1,126 for an adult couple or  
an adult and essential household member
- \$1,481 for an adult couple and essential household member

(congregate living arrangements)

- \$944 each individual (residential care facility)
- \$826 each subsidized individual (community residence)
- \$886 each non-subsidized individual (community residence)
- \$944 each individual (community residence - enhanced family care facility)

Optional Categorically Needy  
(Special Income Level)

- \$2,250 for one adult
- \$4,500 for two adults

\* Essential household member included for supplementation.