


NH - Submission Package - NH2018MS0008O - (NH-18-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID NH2018MS0008O
Program Name N/A
SPA ID NH-18-0014
Version Number 4
Submitted By Dawn Landry
Package Disposition 
Priority Code P2

Submission Type Official
State NH
Region Boston, MA
Package Status Approved
Submission Date 8/8/2018
Approval Date 4/15/2019 5:48 PM EDT

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 Boston Regional Office
 JFK Federal Building, Government Center, Room 275
 Boston, MA 02203



Division of Medicaid and Children's Health Operations

Jeffrey Meyers
 Commissioner
 NH Department of Health and Human Services, Office of Medicaid Services
 129 Pleasant Street
 Concord, NH 03301

Re: Approval of State Plan Amendment NH-18-0014


Dear Jeffrey Meyers:

On August 08, 2018, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-18-0014 to designate state and county correctional facilities as qualified entities eligible to make presumptive eligibility (PE) determinations for children under age 19, pregnant women, parent and other caretaker relatives, and the adult group..

We approve New Hampshire State Plan Amendment (SPA) NH-18-0014 on April 15, 2019 with an effective date(s) of January 01, 2019.

We understand New Hampshire currently uses a paper application for PE determinations, but that it intends to allow qualified entities the option to make PE determinations using an online portal referred to as "the New Hampshire Easy PE Application" as of October 1, 2019. CMS has reviewed both the paper PE application, and screenshots of the online portal PE application that were submitted with this SPA.

Please note that accompanying the approval of SPA 18-0014 is an uploaded companion document regarding the need for New Hampshire to make modifications to its Easy PE Application (online portal) and the New Hampshire PE paper application. We are approving New Hampshire's PE SPA 18-0014 with the understanding that the state will continue to implement the paper PE application process until CMS has reviewed and approved screen shots of the revised Easy PE portal application prior to implementation. New Hampshire will provide dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement the revised Easy PE and the PE paper applications addressing CMS concerns by the dates listed in the companion document.

Name	Date Created	
New Hampshire PE SPA 18-0014 Companion Document	4/5/2019 12:07 PM EDT	

If you have any questions regarding this amendment, please contact Robert Cruz at 6175154370 or robert.cruz@cms.hhs.gov.

Sincerely,

Francis T. McCullough
Director
Regional Operations Group-East
Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS0008O | NH-18-0014

Package Header

Package ID NH2018MS0008O
Submission Type Official
Approval Date 4/15/2019
Superseded SPA ID N/A

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date N/A

State Information

State/Territory Name: New Hampshire

Medicaid Agency Name: NH Department of Health and Human Services, Office of Medicaid Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

Package Header

Package ID NH2018MS00080
Submission Type Official
Approval Date 4/15/2019
Superseded SPA ID N/A

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date N/A

SPA ID and Effective Date

SPA ID NH-18-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2019	NH-13-0017
Mandatory Eligibility Groups	1/1/2019	NH-14-0004
Optional Eligibility Groups	1/1/2019	NH-13-0017
Presumptive Eligibility	1/1/2019	NH-13-0017
Presumptive Eligibility for Children under Age 19	1/1/2019	NH-13-0017
Parents and Other Caretaker Relatives - Presumptive Eligibility	1/1/2019	NH-13-0017
Presumptive Eligibility for Pregnant Women	1/1/2019	NH-13-0017
Adult Group - Presumptive Eligibility	1/1/2019	NH-14-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

Package Header

Package ID NH2018MS00080
Submission Type Official
Approval Date 4/15/2019
Superseded SPA ID N/A

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives The purpose of this amendment to the Medicaid State Plan is to allow state and county correctional facilities to make presumptive eligibility determinations for children under age 19, parents and other caretaker relatives, the adult group and pregnant women. The requested effective date for this amendment is January 1, 2019. Note: the only change we are making through this SPA is to identify state and county correctional facilities as qualified entities capable of making presumptive eligibility determinations for children under age 19, parents and other caretaker relatives, the adult group and pregnant women. We are not amending existing eligibility coverage groups or financial methodologies used to determine eligibility.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435.116, §1902(a)(10)(A)(i)(III) and (IV), 42 CFR 435.119, §1902(a)(10)(A)(i)(VIII)
 42 CFR 435.110, §1902(a)(10)(A)(i)(I), §1931 (b) and (d)
 42 CFR 435.118, §1902(a)(10)(A)(I)(III), (IV) and (VII), §1931(b) and (d)
 42 CFR 435.1101-42 CFR 435.1103

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Comments, if any, will follow

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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Effective Date N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

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Superseded SPA ID	NH-13-0017		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Superseded SPA ID NH-14-0004	
System-Derived	

Mandatory Coverage










A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

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Superseded SPA ID NH-13-0017
 System-Derived

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date 1/1/2019

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. *

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy. *

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

Package Header

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Superseded SPA ID	NH-13-0017		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
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Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Presumptive Eligibility

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Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

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	System-Derived		

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

Presumptive Eligibility for Children under Age 19

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C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 1. a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 2. b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Presumptive Eligibility for Children under Age 19

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D. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
BFA Form 821 Application for Medicaid Presumptive Eligibility (PE)	1/21/2019 2:31 PM EST	

Name	Date Created	
NH EASY PE App	1/21/2019 2:31 PM EST	

5. Describe the presumptive eligibility screening process:

If a qualified entity answers "no" to the PE applicant not being a US Citizen, US National or eligible immigrant or not being a NH resident; or answers 'yes' to the PE applicant being currently enrolled in Medicaid or having a PE period in the calendar year a popup box will appear that says it appears the PE application is not eligible for PE. However, qualified entities will not be prohibited from continuing with the PE application, making the PE determination and submitting the PE application. Qualified Entities are responsible for making correct presumptive eligibility determinations.

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. Household income must not exceed the applicable income standard for the child's age, described in Section A.**
- a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
- 2. State residency
 - 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19

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F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity



State or County correctional facilities

Description

State correctional facilities under the direction of the New Hampshire Department of Corrections (NH DOC); and County correctional facilities under the direction of New Hampshire's ten (10) counties.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE training for State and County Correctional facilities Slide Deck I (03-19-2019)	3/19/2019 12:14 PM EDT	
PE training for State and County Correctional facilities Slide Deck II (03-19-2019)	3/19/2019 12:14 PM EDT	

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS0008O | NH-18-0014

Package Header

Package ID NH2018MS0008O
Submission Type Official
Approval Date 4/15/2019
Superseded SPA ID NH-13-0017
System-Derived

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date 1/1/2019

G. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

Package Header

Package ID	NH2018MS00080	SPA ID	NH-18-0014
Submission Type	Official	Initial Submission Date	8/8/2018
Approval Date	4/15/2019	Effective Date	1/1/2019
Superseded SPA ID	NH-13-0017		
	System-Derived		

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014


Package Header


Package ID NH2018MS00080
Submission Type Official
Approval Date 4/15/2019
Superseded SPA ID NH-13-0017
 System-Derived

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date 1/1/2019

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
BFA Form 821 Application for Medicaid Presumptive Eligibility (PE)	1/21/2019 4:23 PM EST	

Name	Date Created	
NH EASY PE App	1/21/2019 4:24 PM EST	

5. Describe the presumptive eligibility screening process:

If a qualified entity answers "no" to the PE applicant not being a US Citizen, US National or eligible immigrant or not being a NH resident; or answers 'yes' to the PE applicant being currently enrolled in Medicaid or having a PE period in the calendar year a popup box will appear that says it appears the PE application is not eligible for PE. However, qualified entities will not be prohibited from continuing with the PE application, making the PE determination and submitting the PE application. Qualified Entities are responsible for making correct presumptive eligibility determinations.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must be a caretaker relative, as described at 42 CFR 435.110.
- 2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household income.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS0008O | NH-18-0014

Package Header

Package ID NH2018MS0008O
Submission Type Official
Approval Date 4/15/2019
Superseded SPA ID NH-13-0017
 System-Derived

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date 1/1/2019

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity



State or County correctional facilities

Description

State correctional facilities under the direction of the New Hampshire Department of Corrections (NH DOC); and County correctional facilities under the direction of New Hampshire's ten (10) counties.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE training for State and County Correctional facilities Slide Deck I (03-19-2019)	3/19/2019 12:16 PM EDT	
PE training for State and County Correctional facilities Slide Deck II (03-19-2019)	3/19/2019 12:16 PM EDT	

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS0008O | NH-18-0014

Package Header

Package ID	NH2018MS0008O	SPA ID	NH-18-0014
Submission Type	Official	Initial Submission Date	8/8/2018
Approval Date	4/15/2019	Effective Date	1/1/2019
Superseded SPA ID	NH-13-0017		
	System-Derived		

E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

Package Header

Package ID NH2018MS00080	SPA ID NH-18-0014
Submission Type Official	Initial Submission Date 8/8/2018
Approval Date 4/15/2019	Effective Date 1/1/2019
Superseded SPA ID NH-13-0017	
System-Derived	


The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.


A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
BFA Form 821 Application for Medicaid Presumptive Eligibility (PE)	1/21/2019 4:41 PM EST	

Name	Date Created	
NH EASY PE App	1/21/2019 4:42 PM EST	

5. Describe the presumptive eligibility screening process:

If a qualified entity answers "no" to the PE applicant not being a US Citizen, US National or eligible immigrant or not being a NH resident; or answers 'yes' to the PE applicant being currently enrolled in Medicaid or having a PE period in the calendar year a popup box will appear that says it appears the PE application is not eligible for PE. However, qualified entities will not be prohibited from continuing with the PE application, making the PE determination and submitting the PE application. Qualified Entities are responsible for making correct presumptive eligibility determinations.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.

2. Household income must not exceed the applicable income standard at 42 CFR 435.116.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household size.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

Package Header

Package ID NH2018MS00080
Submission Type Official
Approval Date 4/15/2019
Superseded SPA ID NH-13-0017
 System-Derived

SPA ID NH-18-0014
Initial Submission Date 8/8/2018
Effective Date 1/1/2019

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity



State and County Correctional Facilities

Description

State Correctional facilities under the direction of the New Hampshire Department of Corrections (NH DOC); and County Correctional facilities under the direction of New Hampshire's ten (10) counties.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE training for State and County Correctional facilities Slide Deck I (03-19-2019)	3/19/2019 12:18 PM EDT	
PE training for State and County Correctional facilities Slide Deck II (03-19-2019)	3/19/2019 12:18 PM EDT	

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

Package Header

Package ID NH2018MS00080
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E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

Package Header

Package ID	NH2018MS00080	SPA ID	NH-18-0014
Submission Type	Official	Initial Submission Date	8/8/2018
Approval Date	4/15/2019	Effective Date	1/1/2019
Superseded SPA ID	NH-14-0004		
	System-Derived		

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made, or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00080 | NH-18-0014


Package Header


Package ID NH2018MS00080
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SPA ID NH-18-0014
Initial Submission Date 8/8/2018
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B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
BFA Form 821 Application for Medicaid Presumptive Eligibility (PE)	1/21/2019 4:46 PM EST	

Name	Date Created	
NH EASY PE App	1/21/2019 4:47 PM EST	

Describe the presumptive eligibility screening process:

If a qualified entity answers "no" to the PE applicant not being a US Citizen, US National or eligible immigrant or not being a NH resident; or answers 'yes' to the PE applicant being currently enrolled in Medicaid or having a PE period in the calendar year a popup box will appear that says it appears the PE application is not eligible for PE. However, qualified entities will not be prohibited from continuing with the PE application, making the PE determination and submitting the PE application. Qualified Entities are responsible for making correct presumptive eligibility determinations.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.119.
- 2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household income.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS0008O | NH-18-0014

Package Header

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D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity



State and County Correctional Facilities

Description

State Correctional facilities under the direction of the New Hampshire Department of Corrections (NH DOC) and County Correctional facilities under the direction of New Hampshire's ten (10) counties.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE training for State and County Correctional facilities Slide Deck I (03-19-2019)	3/19/2019 12:20 PM EDT	
PE training for State and County Correctional facilities Slide Deck II (03-19-2019)	3/19/2019 12:20 PM EDT	

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS0008O | NH-18-0014

Package Header

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E. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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