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**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 18-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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 and Children's Health Operations / Boston Regional Office**

November 8, 2018

Jeffrey A. Meyers, Commissioner  
Department of Health and Human Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301

Dear Commissioner Meyers:

On September 21, 2018, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA), transmittal number NH 18-0018, to assure CMS that the State is in compliance with the requirements at 42 CFR 435.923 (Authorized Representatives).

Based on the information provided, we are pleased to inform you SPA NH 18-0018 was approved on November 6, 2018 with an effective date of July 1, 2018. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the New Hampshire State Plan.

If you have any questions regarding this amendment, please contact Robert Cruz at [robert.cruz@cms.hhs.gov](mailto:robert.cruz@cms.hhs.gov) or at 781-335-3455.

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

## Package Information

**Package ID** NH2018MS00020  
**Program Name** N/A  
**SPA ID** NH-18-0018  
**Version Number** 1  
**Submitted By** Dawn Landry  
**Package Disposition**



**Submission Type** Official  
**State** NH  
**Region** Boston, MA  
**Package Status** Closed-Approved  
**Submission Date** 9/21/2018  
**Approval Date** 11/6/2018 2:18 PM EST

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2018MS00020 | NH-18-0018

## Package Header

**Package ID** NH2018MS00020  
**Submission Type** Official  
**Approval Date** 11/6/2018  
**Superseded SPA ID** N/A

**SPA ID** NH-18-0018  
**Initial Submission Date** 9/21/2018  
**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

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**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NH-18-0018

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Process	7/1/2018	TN 16-0004

## Submission - Summary

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** give assurances the state complies with the requirements under 42 CFR 435.923

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

#### Federal Statute / Regulation Citation

42 CFR 435.923

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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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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<b>Superseded SPA ID</b>	N/A		

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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<b>Superseded SPA ID</b>	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

## General Eligibility Requirements

### Eligibility Process

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<b>Superseded SPA ID</b>	TN 16-0004		
	User-Entered		

The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining, verifying and renewing eligibility, and furnishing Medicaid.

### A. Submission of Application

1. The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person. These modes of submission are available to all individuals applying for coverage, including those who may be eligible based on the applicable Modified Adjusted Gross Income (MAGI) standard and those who may be eligible on a basis other than MAGI.

#### 2. The agency also accepts applications by other electronic means:

Yes  No

##### Name of other electronic means:

Fax

##### Description:

Applications can also be submitted through facsimile

3. The agency ensures that any application or supplemental form is accessible to persons who are limited English proficient and persons who have disabilities, consistent with 42 CFR 435.905(b).

# Eligibility Process

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## B. Establishment of Outstation Locations

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals:

1. Parents and Other Caretaker Relatives,
2. Pregnant Women, and
3. Infants and Children under Age 19.

## C. MAGI Renewals

Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Once every 12 months
2. Without requiring an in-person interview
3. Without requiring information from the individual if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency
4. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:
  - a. Provides the individual with a pre-populated renewal form containing the information available to the agency (including information gathered from electronic data sources).
  - b. Provides the individual with a reasonable period of time from the date of the prepopulated renewal form to respond and provide any necessary information. The time period used by the state is:
    - i. 30 days
    - ii. More than 30 days
  - c. Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form via the internet website described in 42 CFR 435.1200(f) (d), by telephone, via mail, and in person.
  - d. Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956
  - e. Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:
    - i. 90 days
    - ii. More than 90 days.

## Eligibility Process

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### D. Renewals on a Basis Other than MAGI

Redeterminations of eligibility for individuals whose financial eligibility is not based on the MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Frequency:

- a. Once every 12 months
- b. Once every 6 months
- c. Other, more frequent than once every 12 months

2. Without requiring information from the individual, if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency.

3. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:

- a. Provides the individual with a renewal form
- b. Utilizes an alternative process to redetermine eligibility.

**Description:**

Send an application for continuing eligibility and a list of verifications needed to redetermine eligibility.

## Eligibility Process

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### E. Determination of Ineligibility

- 1. Prior to making a determination of ineligibility, the agency considers all bases of eligibility, consistent with 42 CFR 435.911
- 2. For individuals determined ineligible for Medicaid, the agency determines potential eligibility for other insurance affordability programs and complies with the procedures set forth in 42 CFR 435.1200(e)

### F. Assistance with Application and Renewal

- The agency provides assistance to any individual seeking help with the application or renewal process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient, consistent with 42 CFR 435.905(b)

# Eligibility Process

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## G. Notices

- 1. The agency provides individuals with a choice to receive notices and information in an electronic format or by regular mail, in accordance with 42 CFR 435.918.
- 2. The agency provides applicants with timely and accurate notice of any approval or disapproval of Medicaid eligibility, which includes, but is not limited to: the basis and effective date of eligibility, the circumstances and procedures for reporting a change that may impact eligibility, the level of benefits and services approved, any applicable premiums or cost sharing, appeal rights, and if applicable, the amount of medical expenses which must be incurred to establish eligibility.
- 3. The agency makes notices, as well as cards evidencing eligibility for medical assistance, available to an individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.  
**Notices and cards are made available through the following method(s)** Individuals can pick up their mail at the local district offices; or use a general delivery mail service.
- 4. The agency provides beneficiaries with timely and adequate notice of proposed adverse action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid, and sends corresponding notice(s) to the individual at least 10 days prior to the action's effective date, as described in 42 CFR 431.211.
- 5. All notices provided by the agency are written in plain language. To ensure that notices are clear and understandable to consumer, the agency:
  - a. Utilizes an in-house readability and plain language review process
  - b. Contracts with an outside entity to complete a readability and plain language review
  - c. Other

## Eligibility Process

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### H. Authorized Representatives

- 1. The agency permits applicants and beneficiaries to designate an individual or organization to act responsibly on their behalf in assisting with individuals' application and renewal of eligibility and other ongoing communications with the agency.
- 2. The agency requires that, as a condition of serving as an authorized representative, a provider or staff member or volunteer of an organization affirms that he or she will adhere to the regulations in 42 CFR 431, subpart F and at 45 CFR 155.260(f) (relating to confidentiality of information), §447.10 of this chapter (relating to the prohibition against reassignment of provider claims as appropriate for a facility or an organization acting on the facility's behalf), as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.
- 3. Designations of authorized representatives are accepted through all of the modalities described in 42 CFR 435.907(a) and are permitted at application and at other times. The agency accepts electronic, including telephonically recorded, signatures and handwritten signatures transmitted by facsimile or other electronic transmission.

### I. Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### J. 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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