

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 19-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA Pages

## Package Information

<b>Package ID</b>	NH2019MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NH
<b>SPA ID</b>	NH-19-0001	<b>Region</b>	Boston, MA
<b>Version Number</b>	5	<b>Package Status</b>	Approved
<b>Submitted By</b>	Catrina French	<b>Submission Date</b>	3/29/2019
<b>Package Disposition</b>		<b>Approval Date</b>	6/25/2019 12:22 PM EDT
<b>Priority Code</b>	P2		



## Division of Medicaid and Children's Health Operations

June 25, 2019

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-19-0001

Dear Jeffrey Meyers:

On March 29, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-19-0001 to increase the standards for the Optional State Supplementary Beneficiaries eligibility group.

We approve New Hampshire State Plan Amendment (SPA) NH-19-0001 on June 25, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Robert Cruz at 7813353455 or robert.cruz@cms.hhs.gov.

Sincerely,  
Francis T. McCullough  
Director  
Division of Medicaid Field Operations  
East (Boston)  
Regional Operations Group  
Division of Medicaid and Children's  
Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2019
<b>Approval Date</b>	6/25/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | NH2019MS0001O | NH-19-0001

### Package Header

**Package ID** NH2019MS0001O  
**Submission Type** Official  
**Approval Date** 6/25/2019  
**Superseded SPA ID** N/A

**SPA ID** NH-19-0001  
**Initial Submission Date** 3/29/2019  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NH-19-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	18-0014
Non-MAGI Methodologies	1/1/2019	92-5, 91-23
More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	1/1/2019	02-002, 91-23A
Handling of Excess Income (Spendeddown)	1/1/2019	92-20
Mandatory Eligibility Groups	1/1/2019	18-0014
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	1/1/2019	12-010, 09-003, 02-005
Optional Eligibility Groups	1/1/2019	18-0014
Optional State Supplement Beneficiaries	1/1/2019	18-0001

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

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

### Executive Summary

**Summary Description Including Goals and Objectives** Increase in the Standards for Optional State Supplementary Programs

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

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

#### Federal Statute / Regulation Citation

§ 1618 and 1902(a)(10)(A)(ii)(V).

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

**Package ID** NH2019MS0001O  
**Submission Type** Official  
**Approval Date** 6/25/2019  
**Superseded SPA ID** N/A

**SPA ID** NH-19-0001  
**Initial Submission Date** 3/29/2019  
**Effective Date** N/A

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

- Yes
- No



# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

#### Package Header

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	User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. 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 age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive and More Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.
3. The state applies more restrictive financial eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972.
4. The more restrictive requirements are described in More Restrictive Methodologies Under 1902(f).

# Non-MAGI Methodologies

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## C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

2. In determining financial eligibility for individuals who are age 65 or older or who have blindness or a disability, the state may apply more restrictive requirements for relative responsibility than specified in B.1., but no more restrictive than the requirements under the Medicaid plan in effect on January 1, 1972. These methodologies are described in More Restrictive Methodologies under 1902(f).

# Non-MAGI Methodologies

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## D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

## Non-MAGI Methodologies

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### E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes  
 No

## Non-MAGI Methodologies

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### F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that are no more restrictive than those used under the Medicaid plan on January 1, 1972, and no more liberal than those used in determining eligibility under SSI or an optional state supplement, and
2. Amounts that are at least the same as those that would be deducted in determining eligibility under the eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability (described in 42 CFR 435.121).

## Non-MAGI Methodologies

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### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

#### Package Header

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	User-Entered		

The state applies more restrictive requirements than SSI under the authority of section 1902(f) of the Act, and consistent with 42 CFR 435.121.

#### A. Use of More Restrictive Requirements

The state applies more restrictive eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972. The state does not apply more restrictive requirements if:

1. The requirement conflicts with the requirements of section 1924 of the Act, which governs the eligibility and post-eligibility treatment of income and resources of institutionalized individuals with community spouses;
2. The requirement conflicts with a more liberal requirement which the agency has elected to use under 42 CFR 435.601; or
3. The more restrictive requirement conflicts with a more liberal requirement the state has elected to use under §435.234(c) in determining eligibility for State supplementary payments.

#### B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

- 1. Individuals age 65 or older
- 2. Individuals who have blindness
- 3. Individuals who have a disability

#### C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

- 1. The state uses more restrictive requirements with respect to income.
- 2. The state uses more restrictive requirements with respect to resources.
- 3. The state uses more restrictive requirements with respect to the definition of disability.
- 4. The state uses more restrictive requirements with respect to the definition of blindness.
- 5. The state uses more restrictive requirements with respect to financial responsibility of relatives.
- 6. The state uses other more restrictive requirements.



# More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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## D. More Restrictive Requirements with Respect to Income

The following more restrictive requirements are used with respect to income:

- 1. The state uses a lower income standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.
- 2. The state uses more restrictive income disregards or exclusions.
  - a. The state uses more restrictive disregards or exclusions with respect to VA Benefits.
  - b. The state uses more restrictive disregards or exclusions with respect to child support.

**Description:**  
Child support is considered to be unearned income to the child on whose behalf it is paid. Child support is counted in full.
  - c. The state uses other more restrictive disregards or exclusions:

Name of disregard or exclusion:	Description:
Standard Disregard from All Income	\$13.00 for one adult. \$20.00 for adult couple.

- 3. The state uses more restrictive requirements with respect to income from self employment.

**Description:**

Self-employment income that is intended to cover only a part of a year is averaged over the period of time the income is intended to cover. Self-employment income is subject to the employment expense and earned income disregards. The individual's gross earned income figure, from which the individual's employment-related disregards are computed and subtracted, is the total amount of case income or the dollar value of in-kind benefits received as compensation for employment (the business income) minus the cost of doing business (the business's expenses). The cost of doing business is the expenses that are directly related to producing the goods or services and without which the goods or services could not be produced. Expenses that are not allowable as the cost of doing business include: depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment and payments on the principal of business loans.

- 4. The state uses more restrictive requirements with respect to irregular/infrequent income.
- 5. The state uses other more restrictive requirements with respect to income:

# More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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	User-Entered		

## E. More Restrictive Requirements with Respect to Resources

The following more restrictive requirements are used with respect to resources:

- 1. The state uses a lower resource standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.

The resource standard is:

**Single Individual** \$1500.00

**Couple** \$1500.00

- 2. The state uses more restrictive requirements with respect to the treatment of real property.

- a. The state uses a more restrictive requirement with respect to the treatment of home property.

### Description:

Real property consisting of the house and any adjoining land or building necessary to its maintenance that is owned and occupied as the place of residence by the assistance group is not counted in determining eligibility, regardless of value.

In order for land to be considered part of the home, it must be contiguous to the lot on which the house rests. The adjoining land will still be considered contiguous even though divided by a road or the boundary of a political subdivision.

- b. The state uses other more restrictive requirements related to real property.

Name of requirement:	Description:
Family Occupied Property	The home, although unoccupied by the assistance group, is excluded provided it is necessary as a residence for the client's spouse or blind, disabled or minor child.
Unoccupied Property	If the home becomes permanently unoccupied due to hospitalization or institutionalization of an assistance group member and is no longer occupied by the assistance group, it is counted as a resource and must be disposed of.

- 3. The state uses more restrictive requirements with respect to the treatment of lump sums.

### Description:

With the exception of corrective payments, which are counted as a resource in the second month following the month of receipt, lump sum payments are counted as a resource in the month following the month of receipt.

- 4. The state uses more restrictive requirements with respect to the treatment of personal property.

- 5. The state uses other more restrictive requirements with respect to resources:

Name of requirement:	Description:
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Name of requirement:	Description:
Interest from Interest-Bearing Accounts	Interest from interest bearing accounts that is not paid directly to a client but is left to accumulate in the account is counted as a resource.

## More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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### F. More Restrictive Requirements with Respect to the Definition of Disability

The following more restrictive requirements are used with respect to the definition of disability:

**Description:** Individuals between the ages of 18 and 64 inclusive will be eligible for Medicaid if they are disabled as defined in Title XVI of US Social Security Act except that the required minimum duration of the impairment shall be 48 months.

## More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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### G. More Restrictive Requirements with Respect to the Definition of Blindness

The following more restrictive requirements are used with respect to the definition of blindness:

- Description:** Blindness is found when an individual has no vision, or vision which, with corrective lenses, is so defective as to prevent the performance of ordinary activities for which functional eye sight is essential. The Division's criteria for impairment of vision constituting blindness is:
1. A central visual acuity, with correction of 20/200 (Snellen Measurement) or less in the better eye; or
  2. A limitation of the field of vision such that the widest diameter of visual field subtends an angular distance not greater than 20 degrees.
- There is no age limit in the blind category.

# More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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## J. Income Deductions

When applying more restrictive requirements, the state deducts SSI payments received by the individual and state supplement payments that meet the conditions specified in 42 CFR 435.232 and 435.234. The state also allows the following individuals to deduct incurred medical and remedial expenses (spend down) to become categorically eligible under the group for individuals in 209(b) states who are age 65 or over or who have blindness or a disability:

1. SSI beneficiaries and eligible spouses of SSI beneficiaries
2. State supplement recipients or individuals who are eligible for but not receiving a state supplementary payment.
3. Individuals who would be eligible for SSI/SSP but for OASDI COLA increases since April, 1977 (42 CFR 435.135)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
  - i. The amount of the deduction is:
  - ii. The deduction is a percent of the OASDI benefits which caused ineligibility and any subsequent increases:  
100.00%
- c. None of the OASDI benefits is deducted from income.

4. Disabled widows and widowers ineligible for SSI due to increase in OASDI (42 CFR 435.137)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
  - i. The amount of the deduction is:
  - ii. The deduction is a percent of the OASDI benefits which caused ineligibility and any subsequent increases:  
100.00%
- c. None of the OASDI benefits is deducted from income.

5. Disabled widows and widowers ineligible for SSI due to early receipt of social security (42 CFR 435.138)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
  - i. The amount of the deduction is:
  - ii. The deduction is a percent of the OASDI benefits which caused ineligibility and any subsequent increases:  
100.00%
- c. None of the OASDI benefits is deducted from income.

6. Adult children with disabilities (1939(a)(2)(D) and 1634(c) of the Act)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.

- c. None of the OASDI benefits is deducted from income.

## More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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<b>Superseded SPA ID</b>	02-002, 91-23A		
	User-Entered		

### K. Additional Information (optional)





# Medicaid State Plan Eligibility

## Income/Resource Standards

### Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

#### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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<b>Superseded SPA ID</b>	92-20		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

#### A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
- b. More than one budget period, as described below:
  - i. Community budget period
  - ii. Institutional budget period
  - iii. Other budget period

Name of other budget period:	Length of budget period:	Description:
One Month	(6) 1 month	One Month Spenddown Period (Applicants may choose a one month or six month budget period based on their individual needs and expenses.)
Six Month	(1) 6 months	Six Month Spenddown Period (Applicants may choose a one month or six month budget period based on their individual needs and expenses.)

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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	User-Entered		

### B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes  
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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	User-Entered		

### C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. Incurred medical and remedial expenses without regard to the age of the expenses.
2. Payments made during the budget period on eligible expenses incurred at any time, if not previously deducted in establishing eligibility.
3. Unpaid eligible expenses incurred at any time prior to the budget period, which have not been deducted previously in establishing eligibility.

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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<b>Superseded SPA ID</b>	92-20		
	User-Entered		

### D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
  - a. Premiums, deductibles, coinsurance and co-payments.
  - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
  - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
  - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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<b>Superseded SPA ID</b>	92-20		
	User-Entered		

### E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes  
 No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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	User-Entered		

### F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

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### G. Additional Information (optional)





# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

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<b>Superseded SPA ID</b>	18-0014		
	User-Entered		

### 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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Specified Low Income Medicare Beneficiaries	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001


## Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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<b>Superseded SPA ID</b>	18-0014		
	User-Entered		

**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

## Eligibility Groups - Mandatory Coverage

### Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

In 209(b) states, individuals who are 65 or older or who have blindness or a disability, who meet more restrictive criteria than used in SSI

#### Package Header

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<b>Superseded SPA ID</b>	12-010, 09-003, 02-005		
	User-Entered		

The state covers the mandatory eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Be age 65 or older or have blindness or a disability;
2. Meet more restrictive requirements than SSI, as defined by the state in section B;
3. Have income and resources at or below the standard for this group.

# Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

## Package Header

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	User-Entered		

## B. Financial Methodologies

1. The more restrictive requirements used are described in the More Restrictive Requirements than SSI under 1902(f) RU.
2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
- Between the following percentages of the FPL:
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:

**Other standard:** the income standard for the 'Independent Living' payment classification in New Hampshire's optional state supplement program.

- Census Bureau wages are disregarded.

**Description of disregard:** Wages paid by the Census Bureau for temporary employment related to census activities are excluded.

- A specified type of income is disregarded:

Name of income type:	Description:
Unearned Income-in-kind	Unearned income-in-kind is not counted as income.
Interest allowed to accumulate	Interest that is not paid directly to a client but is left to accumulate in the account is not considered to be unearned income to the client; it is considered to be a resource.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- Real property not otherwise excluded is disregarded.

**Description of disregard:** Real property not occupied by the client but producing income sufficient to meet the expenses of its ownership and maintenance is excluded.

Real property not occupied by the assistance group but necessary for the residence of the client's spouse or blind or disabled or minor child.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle  
 More than one motor vehicle

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside in an Assets for Independence Act (IDA) account

**Description:** Individual development accounts pursuant to 404(h) of the Social Security

Household goods and services are disregarded as a resource.

**Description of disregard:** Items necessary for everyday living such as, but not limited to, household furnishings, appliances and personal noninvestment jewelry such as keepsakes of limited value and wedding and engagement rings are excluded.

A specified type of resource is disregarded:

Name of resource type:	Description:
Farm machinery, livestock, tools, and equipment	Farm machinery, livestock, tools, and equipment are excluded.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Real Property Disposal	<p>When countable real property alone or in combination with other countable resources exceeds the resource limit, the client must dispose of the property within 6 months of being notified of its required disposition. The property is not counted during the disposal period.</p> <p>If the property has not been sold within 6 months of the notification, the client may be given an extension if the client has made a good faith effort to sell the property. The supervisor can at his or her discretion, allow longer than 6 months to dispose of the property.</p>
Accumulated interest, changes in equity value of life insurance policies and changes in the value of stocks and bonds between redeterminations	Accumulated interest, changes in equity value of life insurance policies and changes in the value of stocks and bonds do not have to be reported between redeterminations of eligibility.

# Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

## Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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<b>Superseded SPA ID</b>	12-010, 09-003, 02-005		
	User-Entered		

## C. Income Standard Used

The income standard for this group is:

- 1. A percentage of the federal poverty level:
- 2. A dollar amount
- 3. Another standard

The standard used is:

100.00%

of SSI FBR



# Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

## Package Header

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<b>Superseded SPA ID</b>	12-010, 09-003, 02-005		
	User-Entered		

## D. Resource Standard Used

The resource standard for this group is:

**Individual:** \$1500.00

**Couple:** \$1500.00

# Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

## Package Header

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	User-Entered		

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS00010 | NH-19-0001

## Package Header

<b>Package ID</b>	NH2019MS00010	<b>SPA ID</b>	NH-19-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2019
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<b>Superseded SPA ID</b>	12-010, 09-003, 02-005		
	User-Entered		

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
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<b>Superseded SPA ID</b>	18-0014		
	User-Entered		

### 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

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

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

## Package Header

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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 <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
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 <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
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 <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
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 <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

### Package Header

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	User-Entered		

### 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 Groups - Options for Coverage

### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

Individuals who receive an optional state supplementary payment.

#### Package Header

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<b>Superseded SPA ID</b>	18-0001		
	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:
  - a. SSI
  - b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).



# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

## Package Header

<b>Package ID</b>	NH2019MS0001O	<b>SPA ID</b>	NH-19-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2019
<b>Approval Date</b>	6/25/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	18-0001		
	User-Entered		

## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

# Optional State Supplement Beneficiaries

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	User-Entered		

## C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

# Optional State Supplement Beneficiaries

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## D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes  
 No

b. Varies by payment classification.

- Yes  
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

<b>Name of Classification</b>	<b>Description:</b>
Subsidized Community Residence	Subsidized Community Residence
<b>Individual</b>	<b>Couple</b>
\$847.00	\$1694.00
<b>Name of Classification</b>	<b>Description:</b>
Non-Subsidized Community Residence	Non-Subsidized Community Residence
<b>Individual</b>	<b>Couple</b>
\$907.00	\$1814.00
<b>Name of Classification</b>	<b>Description:</b>
Enhanced Family Care	Enhanced Family Care
<b>Individual</b>	<b>Couple</b>
\$965.00	\$1930.00
<b>Name of Classification</b>	<b>Description:</b>
Independent Living	Independent Living
<b>Individual</b>	<b>Couple</b>
\$785.00	\$1158.00
<b>Name of Classification</b>	<b>Description:</b>
Residential Care	Residential Care

**Individual**

\$965.00

**Couple**

\$1930.00

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NH2019MS0001O | NH-19-0001

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### E. Additional Information (optional)

The amounts listed for couples for Residential Care, Subsidized Community Residence, Non-Subsidized Community Residence, and Enhanced Family Care are entered as the individual amount doubled, however, there is technically no value for these as we always would consider individuals in these living arrangements as a household of 1.

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