## **Table of Contents**

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 24-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

Summary

Reviewable Units

Versions

Correspondence Log

 Transaction Logs

News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid and CHIP Operations Group 601 E. 12th St. Room 355(300) Kansas City, MO 64106



#### **Center for Medicaid & CHIP Services**

June 21, 2024

Lori A. Weaver 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-24-0006

Dear Commissioner Weaver,

On March 29, 2024, the Centers for Medicare and Medicaid Services (CMS) received New Hampshire State Plan Amendment (SPA) NH-24-0006, in which the state proposed to disregard the spousal resources of certain institutionalized individuals and certain individuals eligible for home and community-based services.

We approve New Hampshire State Plan Amendment (SPA) NH-24-0006 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Joyce Butterworth at joyce.butterworth@cms.hhs.gov

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

Summary

Reviewable Units

Versions Correspondence Log Analyst Notes Approval Letter **Transaction Logs** 

News

Related Actions

## **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date N/A

Superseded SPA ID N/A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

Medicald

O CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**Submission Type** Official

Approval Date 06/21/2024

Superseded SPA ID N/A

**SPA ID** NH-24-0006

**Initial Submission Date** 3/29/2024

Effective Date N/A

#### **SPA ID and Effective Date**

**SPA ID** NH-24-0006

| Reviewable Unit  | Proposed Effective Date | Superseded SPA ID        |
|--|-------------------------|--------------------------|
| Medically Needy Resource Level   | 1/1/2024                | NH-91-23                 |
| Mandatory Eligibility Groups   | 1/1/2024                | NH-23-0030               |
| Individuals in 209(b) States Who Are Age<br>65 or Older or Who have Blindness or a<br>Disability | 1/1/2024                | NH-19-0001               |
| Optional Eligibility Groups  | 1/1/2024                | NH-24-0001               |
| Individuals Eligible for but Not Receiving<br>Cash Assistance                                    | 1/1/2024                | 12-010, 09-003, & 02-005 |
| Individuals Eligible for Cash Except for<br>Institutionalization                                 | 1/1/2024                | 09-003 and 02-005        |
| Individuals Receiving Home and<br>Community- Based Waiver Services<br>under Institutional Rules  | 1/1/2024                | 09-003 and 12-010        |
| Individuals in Institutions Eligible under a Special Income Level                                | 1/1/2024                | 07-0009, 12-010, 02-005  |
| Work Incentives  | 1/1/2024                | NH-20-0002               |
| Ticket to Work Basic   | 1/1/2024                | 12-10 09-01 09-03 02-05  |
| Medically Needy Pregnant Women   | 1/1/2024                | 09-003, 09-001, & 12-010 |
| Medically Needy Children under Age 18  | 1/1/2024                | 09-003, 09-001, & 12-010 |
| Medically Needy Parents and Other<br>Caretaker Relatives   | 1/1/2024                | 09-003, 09-001, & 12-010 |
| Medically Needy Populations Based on Age, Blindness or Disability                                | 1/1/2024                | 09-003, 09-001, & 12-010 |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

#### **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date N/A

Superseded SPA ID N/A

#### **Executive Summary**

Summary Description Including This State Plan Amendment aims to include a resource disregard for individuals applying for Goals and Objectives or receiving Medicaid coverage under the Nursing Facility program or the Home and Community Based Service waivers.

#### **Federal Budget Impact and Statute/Regulation Citation**

#### Federal Budget Impact

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  | 2024                | \$0    |
| Second | 2025                | \$0    |

#### **Federal Statute / Regulation Citation**

1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

| Name |        | Date Created |
|------|--------|--------------|
|      |        |              |
|      | No ite | ms available |
|      |        |              |

#### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date N/A

Superseded SPA ID N/A

#### **Governor's Office Review**

No comment

Describe Comments, if any, will follow.

- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/11/2024 12:33 PM EDT

Summary

Reviewable Units

Versions Correspondence Log Approval Letter

Analyst Notes

**Transaction Logs** 

News

**Related Actions** 

## Medicaid State Plan Eligibility

Income/Resource Standards

#### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

CMS-10434 OMB 0938-1188

#### Package Header

Package ID NH2024MS0003O

**SPAID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-91-23

User-Entered

#### A. Medically Needy Resource Level Structure

- 1. The state employs a single resource level for the medically needy, subject to the condition described in A.3.
- 2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.
- 3. The state has a separate resource level for the individuals who are age 65 or older, or who have blindness or a disability that is more restrictive than the resource level used for other medically needy populations.



No

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**Submission Type** Official

**Approval Date** 06/21/2024

Superseded SPA ID NH-91-23

User-Entered

**SPA ID** NH-24-0006

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

#### **B.** Resource Level Used

The level used is:

| Hous<br>ehol<br>d<br>size | Stan<br>dard  |
|---------------------------|---------------|
| 1                         | \$250<br>0.00 |
| 2                         | \$400<br>0.00 |

The state uses an additional incremental amount for larger household sizes.

Yes

No

**Incremental Amount:** 

\$100.00

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Superseded SPA ID NH-91-23

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

User-Entered

## **C.** Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/11/2024 12:36 PM EDT

Summary

Reviewable Units

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

News

**Related Actions** 

## Medicaid State Plan Eligibility

#### **Mandatory Eligibility Groups**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-23-0030

System-Derived

#### **Mandatory Coverage**

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

#### **Families and Adults**

| Eligibility Group<br>Name  |          | Covered In State<br>Plan | Include RU In<br>Package 😯 | Included in<br>Another<br>Submission<br>Package | Source Type <b>②</b> |
|--|----------|--------------------------|----------------------------|---|----------------------|
| Infants and<br>Children under<br>Age 19  | <b>9</b> |                          |                            | 0   | CONVERTED            |
| Parents and Other<br>Caretaker<br>Relatives  | 9        |                          |                            | 0   | CONVERTED            |
| Pregnant Women   | P        | W                        |                            | 0   | CONVERTED            |
| Deemed<br>Newborns   | 9        | <b>©</b>                 |                            | 0   | NEW                  |
| Children with Title<br>IV-E Adoption<br>Assistance, Foster<br>Care or<br>Guardianship Care | <b>9</b> |                          |                            | 0   | NEW                  |
| Former Foster<br>Care Children   | P        |                          |                            | 0   | APPROVED             |

| Eligibility Group<br>Name                                     |          | Covered In State<br>Plan | Include RU In<br>Package 😯 | Included in<br>Another<br>Submission<br>Package | Source Type 😯 |
|---|----------|--------------------------|----------------------------|---|---------------|
| Transitional<br>Medical Assistance                            | <b>9</b> | ₩                        |                            | 0   | NEW           |
| Extended<br>Medicaid due to<br>Spousal Support<br>Collections | P        |                          |                            | 0   | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group<br>Name   |          | Covered In State<br>Plan | Include RU In<br>Package 😯 | Included in<br>Another<br>Submission<br>Package | Source Type 😯 |
|---|----------|--------------------------|----------------------------|---|---------------|
| Individuals in<br>209(b) States Who<br>Are Age 65 or<br>Older or Who have<br>Blindness or a<br>Disability | P        |                          |                            | 0   | APPROVED      |
| Closed Eligibility<br>Groups  | P        |                          |                            | 0   | NEW           |
| Individuals<br>Deemed To Be<br>Receiving SSI  | P        |                          |                            | 0   | NEW           |
| Working<br>Individuals under<br>1619(b)   | P        |                          |                            | 0   | NEW           |
| Qualified<br>Medicare<br>Beneficiaries  | <b>9</b> |                          |                            | 0   | NEW           |
| Qualified Disabled<br>and Working<br>Individuals  | P        |                          |                            | 0   | NEW           |
| Specified Low<br>Income Medicare<br>Beneficiaries   | P        | ₩                        |                            | 0   | NEW           |
| Qualifying<br>Individuals   | P        | <b>⊠</b>                 |                            | 0   | NEW           |

#### **Mandatory Eligibility Groups**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

**Approval Date** 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-23-0030

System-Derived

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

Yes No

#### **Families and Adults**

| Eligibility Group<br>Name |   | Covered In State<br>Plan | Include RU In<br>Package 🕢 | Included in<br>Another<br>Submission<br>Package | Source Type 😯 |
|---------------------------|---|--------------------------|----------------------------|---|---------------|
| Adult Group               | P | w/                       | <u> </u>                   | 0   | 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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/11/2024 12:38 PM EDT

Summary Reviewable Units Versions Correspondence Log

 Transaction Logs

News

Related Actions

## 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 | NH2024MS00030 | NH-24-0006

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

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-19-0001

System-Derived

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.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-19-0001

System-Derived

#### **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 disrega            | rd: 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 t                        | reatment of motor vehicles.       |  |
| The value of a countable motor vehicle is totally disregarded, without limits or conditions. |                                   | <ul><li>One motor vehicle</li><li>More than one motor vehicle</li></ul>  |
| ☑ The state uses a less restrictive methodology with respect to the t                        | reatment of resources set aside i | n specified types of accounts.   |
| Resources set aside in an Assets for Independence Act (IDA) account                          | Descripti                         | on: Individual development accounts pursuant to 404(h) of the Social Security Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193. |
| A specified type of resource is disregarded:   |                                   |  |
|  |                                   |  |
|  | Name of resource type:            | Description:   |
|  |                                   |  |

| Name of resource type:  | Description:   |
|---|--|
| Spousal impoverishment resource disregard for individuals eligible for Home and Community-Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), disregard all spousal resources. |

| Name of resource type:   | Description:   |
|--|--|
| Resource disregard for individuals eligible for Home and Community-Based Services. | For individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), or Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD) waivers, a resource disregard shall be applied between the base resource standard for the group and \$7,500. |
| Farm machinery, livestock,<br>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  | 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.  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. |
| Accumulated interest,<br>changes in equity value of<br>life insurance policies and<br>changes in the value of<br>stocks and bonds between<br>redeterminations | Accumulated interest, changes in equity value of life insurance policies and changes in the value of stocks and bonds are disregarded between  |

| Name of methodology: | Description:                     |
|----------------------|----------------------------------|
|                      | redeterminations of eligibility. |

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPAID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-19-0001

System-Derived

#### 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

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPAID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-19-0001

System-Derived

#### D. Resource Standard Used

The resource standard for this group is:

Individual: \$1500.00

**Couple:** \$1500.00

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-19-0001

System-Derived

#### 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.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-19-0001

System-Derived

#### F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/11/2024 12:39 PM EDT

Summary

Reviewable Units

Versions Correspondence Log

 **Transaction Logs** 

News

Related Actions

## Medicaid State Plan Eligibility

#### **Optional Eligibility Groups**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-24-0001

System-Derived

#### 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<br>Name   |   | Covered In State<br>Plan | Include RU In<br>Package <b>②</b> | Included in<br>Another<br>Submission<br>Package | Source Type <b>②</b> |
|---|---|--------------------------|-----------------------------------|---|----------------------|
| Optional Coverage<br>of Parents and<br>Other Caretaker<br>Relatives | 9 |                          |                                   | 0   | NEW                  |
| Reasonable<br>Classifications of<br>Individuals under<br>Age 21     | 9 | w/                       |                                   | 0   | CONVERTED            |
| Children with Non-<br>IV-E Adoption<br>Assistance                   | Ø | w.                       |                                   | 0   | CONVERTED            |
| Independent<br>Foster Care<br>Adolescents                           | P |                          |                                   | 0   | NEW                  |

| Eligibility Group<br>Name   |          | Covered In State<br>Plan | Include RU In<br>Package 🚱 | Included in<br>Another<br>Submission<br>Package | Source Type 😯 |
|---|----------|--------------------------|----------------------------|---|---------------|
| Optional Targeted<br>Low Income<br>Children                             | P        | ⋈                        |                            | 0   | CONVERTED     |
| Individuals above<br>133% FPL under<br>Age 65                           | P        | п                        |                            | 0   | NEW           |
| Individuals<br>Needing<br>Treatment for<br>Breast or Cervical<br>Cancer | P        | ø                        |                            | 0   | NEW           |
| Individuals Eligible<br>for Family<br>Planning Services                 | P        | ₩.                       |                            | 0   | CONVERTED     |
| Individuals with<br>Tuberculosis  | <b>P</b> |                          |                            | 0   | NEW           |
| Individuals Electing COBRA Continuation Coverage                        | P        |                          |                            | 0   | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group<br>Name  |            | Covered In State<br>Plan | Include RU In<br>Package 😯 | Included in<br>Another<br>Submission<br>Package | Source Type 2 |
|--|------------|--------------------------|----------------------------|---|---------------|
| Individuals Eligible<br>for but Not<br>Receiving Cash<br>Assistance                                      | Ø          | M                        |                            | 0   | NEW           |
| Individuals Eligible<br>for Cash Except<br>for<br>Institutionalization                                   | <b>9</b>   | ☑                        |                            | 0   | NEW           |
| Individuals<br>Receiving Home<br>and Community-<br>Based Waiver<br>Services under<br>Institutional Rules | <b>(9)</b> |                          |                            | 0   | NEW           |
| Optional State<br>Supplement<br>Beneficiaries  | P          | ₩.                       |                            | 0   | APPROVED      |
| Individuals in<br>Institutions Eligible  | <b>9</b>   | w.                       | w.                         | 0   | NEW           |

| Eligibility Group<br>Name  |            | Covered In State<br>Plan | Include RU In<br>Package 😯 | Included in<br>Another<br>Submission<br>Package | Source Type <b>9</b> |
|--|------------|--------------------------|----------------------------|---|----------------------|
| under a Special<br>Income Level  |            |                          |                            |   |                      |
| PACE Participants  | P          |                          |                            | 0   | NEW                  |
| Individuals<br>Receiving Hospice   | P          |                          |                            | 0   | NEW                  |
| Children under<br>Age 19 with a<br>Disability  | P          | ₩                        |                            | 0   | NEW                  |
| Age and Disability-<br>Related Poverty<br>Level  | <b>9</b>   |                          |                            | 0   | NEW                  |
| Work Incentives  | <b>9</b>   | ₩.                       | w/                         | 0   | APPROVED             |
| Ticket to Work<br>Basic  | <b>(2)</b> | ₩                        | ₩.                         | 0   | NEW                  |
| Ticket to Work<br>Medical<br>Improvements  | P          |                          |                            | 0   | NEW                  |
| Family<br>Opportunity Act<br>Children with a<br>Disability   | P          |                          |                            | 0   | NEW                  |
| Individuals<br>Receiving State<br>Plan Home and<br>Community-Based<br>Services                                 | P          |                          |                            | 0   | NEW                  |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers | P          |                          |                            | 0   | NEW                  |

#### **Optional Eligibility Groups**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-24-0001

System-Derived

## **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<br>Name                   |            | Covered In State<br>Plan | Include RU In<br>Package 😯 | Included in<br>Another<br>Submission<br>Package | Source Type 😯 |
|---|------------|--------------------------|----------------------------|---|---------------|
| Medically Needy<br>Pregnant Women           | <b>(2)</b> |                          | W                          | 0   | NEW           |
| Medically Needy<br>Children under<br>Age 18 | P          | ₩.                       | w.                         | 0   | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group<br>Name   |   | Covered In State<br>Plan | Include RU In<br>Package 🚱 | Included in<br>Another<br>Submission<br>Package | Source Type <b>②</b> |
|---|---|--------------------------|----------------------------|---|----------------------|
| Protected<br>Medically Needy<br>Individuals Who<br>Were Eligible in<br>1973 | P | ø                        |                            | 0   | NEW                  |

#### 2. Optional Medically Needy:

#### **Families and Adults**

| Eligibility Group<br>Name     |   | Covered In State<br>Plan | Include RU In<br>Package 🚱 | Included in<br>Another<br>Submission<br>Package | Source Type <b>②</b> |
|-------------------------------|---|--------------------------|----------------------------|---|----------------------|
| Medically Needy<br>Reasonable | 9 | ✓                        |                            | 0   | NEW                  |

| Eligibility Group<br>Name                                      |          | Covered In State<br>Plan | Include RU In<br>Package <b>②</b> | Included in<br>Another<br>Submission<br>Package | Source Type 😯 |
|--|----------|--------------------------|-----------------------------------|---|---------------|
| Classifications of<br>Individuals under<br>Age 21              |          |                          |                                   |   |               |
| Medically Needy<br>Parents and Other<br>Caretaker<br>Relatives | <b>p</b> |                          |                                   | 0   | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group<br>Name  |          | Covered In State<br>Plan | Include RU In<br>Package 😯 | Included in<br>Another<br>Submission<br>Package | Source Type <b>9</b> |
|--|----------|--------------------------|----------------------------|---|----------------------|
| Medically Needy<br>Populations Based<br>on Age, Blindness<br>or Disability | <b>9</b> | ₩                        |                            | 0   | NEW                  |

#### **Optional Eligibility Groups**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-24-0001

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:

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/11/2024 12:41 PM EDT

Summary

Reviewable Units

Versions Correspondence Log

 Transaction Logs

News

Related Actions

## Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

#### Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

Superseded SPA ID 12-010, 09-003, & 02-005

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

**Approval Date** 06/21/2024

Effective Date 1/1/2024

Approval Dute 00/21/202-

User-Entered

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

a. SSI

☑ b. Optional State Supplement

c. AFDC

2. Do not receive cash assistance under these programs.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 12-010, 09-003, & 02-005

User-Entered

#### **B.** Individuals Covered

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



No

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Approval Date 00/21/2024

Superseded SPA ID 12-010, 09-003, & 02-005

User-Entered

#### C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being 65 years old or older or having blindness or disability, the following methodology is used:

- a. SSI methodologies, Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- 3. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

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. |

| Less restrictive methodologies are used in calculating countable resources. |  |
|---|--|
| Yes   |  |
| No No   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 12-010, 09-003, & 02-005

User-Entered

#### D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

#### **E. Resource Standard Used**

The resource standard used is the standard of the most closely related cash assistance program.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 12-010, 09-003, & 02-005

User-Entered

## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:28 PM EDT

Summary

Reviewable Units

Versions Correspondence Log

 Transaction Logs

News

Related Actions

## Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

#### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 09-003 and 02-005

User-Entered

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- 1. Are in a medical institution.
- 2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
- a. SSI
- b. Optional State Supplement
- c. AFDC

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPAID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 09-003 and 02-005

User-Entered

#### **B.** Individuals Covered

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

Yes

No

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

| Approvarbate   | 00/21/2024   | Lifettive Date                  | 17172024  |
|--|--|---------------------------------|---|
| Superseded SPA ID  | 09-003 and 02-005  |                                 |   |
|  | User-Entered   |                                 |   |
| C. Financial Methodolo   | ogies  |                                 |   |
| 9  | nd resources for individuals who are see<br>shodologies are used. Please refer as ne |                                 | 0 0   |
|  | <ul><li>a. SSI methodologies. Please refer a<br/>by the state.</li></ul>             | s necessary to Non-MAG  Me      | thodologies, completed  |
|  | • b. More restrictive requirements the<br>Requirements than SSI under 1902(          |                                 | ary to More Restrictive   |
| 2. In calculating household income ar methodology(ies) are used: | nd resources for populations for which A   | AFDC is the most closely relate | ed program, the following   |
|  | a. MAGI-like methodologies. Please completed by the state.                           | refer as necessary to Non-MA    | AGI Methodologies,  |
|  | • b. AFDC methodologies. Please refe by the state.                                   | r as necessary to Non-MAGI N    | Methodologies, completed  |
| 3. Less restrictive methodologies are                            | used in calculating countable income.  |                                 |   |
| Yes  |  |                                 |   |
| <ul><li>No</li></ul>   |  |                                 |   |
| 4. Less restrictive methodologies are                            | used in calculating countable resources  |                                 |   |
| • Yes  |  |                                 |   |
| ○ No   |  |                                 |   |
| The less restrictive resource methodo                            | ologies are:   |                                 |   |
| Real property not otherwise exclud                               | ded 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 Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

A specified type of resource is disregarded:

| Name of resource type:  | Description:   |
|---|--|
| Spousal impoverishment resource disregard for individuals eligible for Home and Community-Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), disregard all spousal resources.   |
| Resource disregard for individuals eligible for Home and Community-Based Services.                        | For individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), or Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD) waivers, a resource disregard shall be applied between the base resource standard for the group and \$7,500. |
| Farm machinery, livestock, tools, and equipment   | Farm machinery, livestock,<br>tools, and equipment are<br>excluded.  |

■ The following less restrictive methodologies are used:

| Name of methodology:  | Description:   |
|---|--|
| Real Property Disposal  | 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.  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. |
| Accumulated interest,<br>changes in equity value of<br>life insurance policies and<br>changes in the value of<br>stocks and bonds between<br>redeterminations | Accumulated interest, changes in equity value of life insurance policies and changes in the value of stocks and bonds are disregarded between redeterminations of eligibility.   |

#### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

**Approval Date** 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 09-003 and 02-005

User-Entered

#### D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

#### E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003 and 02-005

User-Entered

# F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:43 PM EDT

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary

Reviewable Units

Versions Correspondence Log

 **Transaction Logs** 

News

Related Actions

# Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 09-003 and 12-010

User-Entered

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- 1. Would be eligible for Medicaid if in a medical institution.
- 2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
  - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
  - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
- 3. Will receive the waivered services.

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 09-003 and 12-010

User-Entered

#### **B. Income and Resource Methodologies**

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

| 2  | I ess | restrictive | methodologies | are used in  | calculating | countable income. |
|----|-------|-------------|---------------|--------------|-------------|-------------------|
| ۷. | LC33  | I CSUITCUVE | methodologics | are useu iii | calculating | countable income. |

Yes

No

The less restrictive income methodologies are:

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 | re used in calculatin | g countable resources |
|-----------------------------------|-----------------------|-----------------------|
|-----------------------------------|-----------------------|-----------------------|

Yes

No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

| Description:   |  |
|--|--|
| For married individuals<br>eligible for Home and<br>Community-Based Services<br>Choices for Independence |  |
|  |  |

| Name of resource type:  | Description:  |
|---|---|
| and Community-Based<br>Services.  | (HCBS-CFI), Home and<br>Community-Based Services<br>for the Developmentally<br>Disabled (HBCS-DD), and<br>Home and Community-<br>Based Services for<br>Individuals with an Acquired<br>Brain Disorder (HCBS-ABD),<br>disregard all spousal<br>resources.  |
| Resource disregard for<br>individuals eligible for Home<br>and Community-Based<br>Services. | For individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD) waivers, a resource disregard shall be applied between the base resource standard for the group and \$7,500. |

#### Individuals Receiving Home and Community-Based Waiver Services under **Institutional Rules**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

User-Entered

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Superseded SPA ID 09-003 and 12-010

Effective Date 1/1/2024

#### C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 09-003 and 12-010

User-Entered

#### **D. Additional Information (optional)**

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:46 PM EDT

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter

News Related Actions

# Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

#### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

SPA ID NH-24-0006

**Transaction Logs** 

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 07-0009, 12-010, 02-005

User-Entered

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

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

- 1. Have been in a medical institution for at least 30 consecutive days.
- 2. Have income at or below a standard described in section D.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 07-0009, 12-010, 02-005

User-Entered

#### **B.Individuals Covered**

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

Yes

No

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 07-0009, 12-010, 02-005

User-Entered

#### C. Financial Methodologies

- 1. The methodologies of the most closely related cash assistance program are used in calculating income and resources, except that income disregards are not applied. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- 2. More restrictive requirements than the most closely related cash assistance program are used in calculating countable income and/or resources, except that income disregards are not applied. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- 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 Act as amended by the Personal Responsibility and Work

> Opportunity Reconciliation Act of 1996, P.L. 104-193.

A specified type of resource is disregarded:

| Name of resource type:                             | Description:   |  |
|--|--|--|
| General resource disregard                         | A resource disregard shall<br>be applied in the applicable<br>amount so that the effective<br>resource limit is \$7,500. |  |
| Farm machinery, livestock,<br>tools, and equipment | Farm machinery, livestock,<br>tools, and equipment are<br>excluded.  |  |
| Spousal impoverishment resource disregard          | For married individuals, disregard all spousal resources.  |  |

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   | 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.  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. |
| 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 are disregarded between redeterminations of eligibility.   |

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

**Approval Date** 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 07-0009, 12-010, 02-005

User-Entered

#### D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**Submission Type** Official **Initial Submission Date** 3/29/2024

**SPA ID** NH-24-0006

Approval Date 06/21/2024 Effective Date 1/1/2024

Superseded SPA ID 07-0009, 12-010, 02-005

User-Entered

#### **E.Resource Standard Used**

The resource standard for this group is the one used for the most closely-related cash assistance program.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Effective Date 1/1/2024

Approval Date 06/21/2024

**Superseded SPA ID** 07-0009, 12-010, 02-005

User-Entered

# **F.Additional Information (optional)**

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:48 PM EDT

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs

News Related Actions

#### Eligibility Groups - Options for Coverage

#### **Work Incentives**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

#### **Package Header**

 Package ID
 NH2024MS0003O
 SPA ID
 NH-24-0006

Submission Type Official Initial Submission Date 3/29/2024

Approval Date 06/21/2024 Effective Date 1/1/2024

Superseded SPA ID NH-20-0002

System-Derived

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- 1. Have earned income.
- 2. Meet the SSI definition of disability, but for earned income.
- 3. Meet income and resource standards following a two-step process, which includes:
  - a. Step One A comparison of family net income to 250% FPL; and
  - b. Step Two A comparison of individual net income and resources to the SSI standards, excluding earned income.

#### **Work Incentives**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-20-0002

System-Derived

#### **B. Step One Financial Methodologies and Income Test**

| 1. Fina | incial | methodo | logies |
|---------|--------|---------|--------|
|---------|--------|---------|--------|

- a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. More restrictive requirements than SSI are used in calculating countable income. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.

c. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

☑ The difference between one income standard and another is disregarded.

 Between the following percentages of the

FPL:

FPL 250.00%

FPL 450.00%

and

 Between the medically needy income limit and a percentage of the FPL:

Between the SSI Federal Benefit Rate and:

Between other income standards:

**Description of disregard:** Wages paid by the

Census Bureau for temporary employment related to census activities are excluded.

# 2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

#### **Work Incentives**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-20-0002

| Superseded SFA ID                    | 1411-20-0002   |   |
|--------------------------------------|--|---|
|                                      | System-Derived   |   |
| C. Step Two Financial                | Methodologies and Income/Resource Tes  | t   |
| 1. Financial methodologies           |  |   |
|                                      | <ul> <li>a. SSI methodologies are used in calculating income and resource<br/>income is not counted. Please refer as necessary to Non-MAGI No<br/>by the state.</li> </ul>   |   |
|                                      | <ul> <li>b. More restrictive requirements than SSI are used in calculating<br/>resources, except that earned income is not counted. Please reformed<br/>Restrictive Requirements than SSI under 1902(f), completed by the<br/>necessary to More Restrictive Requirements than SSI under 1902<br/>state.</li> </ul> | er as necessary to More<br>ne state. Please refer as  |
|                                      | c. Less restrictive methodologies are used in calculating countable i  | ncome.  |
|                                      | <ul><li>Yes</li></ul>  |   |
|                                      | ○ No   |   |
| The less restrictive income methodo  | logies are:  |   |
| All income is disregarded. No inco   | ome test is applied.   |   |
|                                      | d. Less restrictive methodologies are used in calculating countable  | resources.  |
|                                      | <ul><li>Yes</li></ul>  |   |
|                                      | ○ No   |   |
| The less restrictive resource method | ologies are:   |   |
| Real property not otherwise exclu    | ded 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 m  | ethodology with respect to the treatment of motor vehicles.  |   |
|                                      | The value of a countable motor vehicle is totally disregarded, without limits or conditions.   | <ul><li>One motor vehicle</li><li>More than one motor vehicle</li></ul>   |

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

Resources set aside for retirement

Individual Retirement Accounts (IRA)

**Description:** Individual retirement

accounts pursuant to §404(h) of the Social Security Act as amended

by the Personal

Responsibility and Work

Opportunity Reconciliation Act of 1996, P.L. 104-193

**Description:** Individual development accounts pursuant to 404(h) of the Social Security Act as amended by the Personal

Responsibility and Work

Opportunity Reconciliation Act of 1996, P.L. 104-193.

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

A specified type of resource is disregarded:

| Name of resource type:  | Description:  |
|---|---|
| Farm machinery, livestock,<br>tools, and equipment  | Farm machinery, livestock,<br>tools, and equipment are<br>excluded.   |
| Spousal impoverishment resource disregard for individuals eligible for Home and Community-Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), disregard all spousal resources.          |
| Resource disregard  | Effective 9/1/2020, the difference between the resource standard for the group and, respectively, \$29,927 and \$44,888, for a single individuals and couples, will be disregarded. These effective resource standards will be updated annually by the percentage change in the Consumer Price Index for All Urban Consumers (CPI-UI) |

- 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   | 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.  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. |
| Employability Accounts   | Accounts held by the individuals and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual and which are not covered by the Medicaid program.   |
| 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 are disregarded between redeterminations of eligibility.   |

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.
- 3. Resource Test

The individual's resources must be less than the SSI resource standard.

#### **Work Incentives**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-20-0002

System-Derived

# **D. Premiums and Cost Sharing**

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

#### **Work Incentives**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID NH-20-0002

System-Derived

# **E.** Additional Information (optional)

Eligibility in the group will be limited to individuals age 65 plus. Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as the eligibility section of the state plan.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:50 PM EDT

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary

Reviewable Units

Versions Correspondence Log

 Transaction Logs

News

Related Actions

# Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Superseded SPA ID 12-10 09-01 09-03 02-05

Effective Date 1/1/2024

•

User-Entered

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Approval Bute 00/2 1/202-

**Superseded SPA ID** 12-10 09-01 09-03 02-05 User-Entered

#### A. Characteristics

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

- 1. Are at least age 16 but less than 65 years of age.
- 2. Have earned income.
- 3. But for earned income, meet the SSI definition of disability.
- 4. Have income and resources that do not exceed the standards established by the state.

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

Submission Type Official

Approval Date 06/21/2024

Superseded SPA ID 12-10 09-01 09-03 02-05

User-Entered

#### **B. Financial Methodologies**

| 1. | SSI methodologie | es are used in | n calculating | household | income and | resources. |
|----|------------------|----------------|---------------|-----------|------------|------------|
|----|------------------|----------------|---------------|-----------|------------|------------|

Yes

No

More restrictive requirements than SSI are used in calculating countable income and/or resources. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Wages paid by the

**SPA ID** NH-24-0006

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

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. |
| Children's income              | All children's income is excluded   |

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 for retirement
    - Individual Retirement Accounts (IRA)

**Description:** Individual retirement

accounts pursuant to §404(h) of the Social Security Act as amended

by the Personal

Responsibility and Work

Opportunity Reconciliation Act of 1996, P.L. 104-193

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

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

by the Personal

Responsibility and Work

Opportunity

Reconciliation Act of 1996, P.L. 104-193.

A specified type of resource is disregarded:

| Name of resource type:  | Description:  |
|---|---|
| Farm machinery, livestock,<br>tools, and equipment  | Farm machinery, livestock,<br>tools, and equipment are<br>excluded.   |
| Spousal impoverishment resource disregard for individuals eligible for Home and Community-Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community- |

| Name of resource type: | Description:  |
|------------------------|---|
|                        | Based Services for<br>Individuals with an Acquired<br>Brain Disorder (HCBS-ABD),<br>disregard all spousal<br>resources. |

- 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   | 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.  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. |
| Employability Accounts   | Accounts held by the individuals and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual and which are not covered by the Medicaid program.   |
| 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 are disregarded between redeterminations of eligibility.   |

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 12-10 09-01 09-03 02-05

User-Entered

#### C. Income Standard Used

The income standard for this group is:

1. No income standard

• 2. A percentage of the federal poverty level:

FPL 450.00%

3. A percentage of the SSI Federal Benefit Rate:

4. A dollar amount

5. Other

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

Approval Date 06/21/2024

**Superseded SPA ID** 12-10 09-01 09-03 02-05

User-Entered

#### D. Resource Standard Used

The resource standard for this group is:

1. No resource standard

2. SSI resource standard

3. The state's more restrictive resource standard described in the More Restrictive Requirements than SSI under 1902(f) - (209(b) States) RU.

• 4. A dollar amount higher than the SSI resource standard

Single Individual \$25391.00

**Couple** \$38087.00

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

## **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Approval Date 00/21/2022

**Superseded SPA ID** 12-10 09-01 09-03 02-05

User-Entered

# **E. Premiums and Cost Sharing**

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

## **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Approval Date 06/21/2024

**Superseded SPA ID** 12-10 09-01 09-03 02-05

User-Entered

# F. Additional Information (optional)

These standards are updated annually by the percentage change in the Consumer Price Index for All Urban Consumers (CPI-U).

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:53 PM EDT

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log

 **Transaction Logs** 

News

Related Actions

# Medicaid State Plan Eligibility

# Eligibility Groups - Medically Needy

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- 1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
- 2. Would qualify under the Pregnant Women eligibility group, except for income.
- 3. Are not otherwise eligible for categorically needy coverage under the state plan.
- 4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# **Medically Needy Pregnant Women**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

# **B. Financial Methodologies**

- 1. The financial methodology used is:
- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- 2. Less restrictive methodologies are used in calculating countable income.
- Yes
- No

The less restrictive income methodologies are:

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 Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

☑ A specified type of resource is disregarded:

| Name of resource type:  | Description:   |
|---|--|
| Spousal impoverishment resource disregard for individuals eligible for Home and Community-Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), disregard all spousal resources.   |
| Resource disregard for individuals eligible for Home and Community-Based Services.                        | For individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), or Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD) waivers, a resource disregard shall be applied between the base resource standard for the group and \$7,500. |

| Name of resource type:                          | Description:  |
|---|---|
| Farm machinery, livestock, tools, and equipment | Farm machinery, livestock,<br>tools, and equipment are<br>excluded. |

☑ The following less restrictive methodologies are used:

| Name of methodology:   | Description:   |
|--|--|
| Real Property Disposal   | 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.  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. |
| 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 are disregarded between redeterminations of eligibility.   |

# **Medically Needy Pregnant Women**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

#### D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## 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.

## **Medically Needy Pregnant Women**

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

21

Effective Date 1/1/2024

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:54 PM EDT

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary

Reviewable Units

Versions Correspondence Log **Analyst Notes** Approval Letter **Transaction Logs** 

News

Related Actions

# Medicaid State Plan Eligibility

# Eligibility Groups - Medically Needy

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

## Package Header

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- 1. Are under age 18.
- 2. Would qualify as categorically needy, except for income.
- 3. Are not otherwise eligible for categorically needy coverage under the state plan.
- 4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**Superseded SPA ID** 09-003, 09-001, & 12-010

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Approval Date 06/21/2024

User-Entered

# B. Financial Methodologies

- 1. The financial methodology used is:
- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- 2. Less restrictive methodologies are used in calculating countable income.
- Yes
- No

The less restrictive income methodologies are:

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. |

- ${\it 3. Less restrictive \ methodologies \ are \ used \ in \ calculating \ countable \ resources.}$
- Yes
- No

The less restrictive resource methodologies are:

Real property not otherwise excluded is disregarded.

Description of disregard: Real property not

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 Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

A specified type of resource is disregarded:

| Name of resource type:  | Description:   |
|---|--|
| Spousal impoverishment resource disregard for individuals eligible for Home and Community-Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), disregard all spousal resources.   |
| Resource disregard for individuals eligible for Home and Community-Based Services.                        | For individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), or Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD) waivers, a resource disregard shall be applied between the base resource standard for the group and \$7,500. |

| Name of resource type:                          | Description:  |
|---|---|
| Farm machinery, livestock, tools, and equipment | Farm machinery, livestock,<br>tools, and equipment are<br>excluded. |

☑ The following less restrictive methodologies are used:

| Name of methodology:   | Description:   |
|--|--|
| Real Property Disposal   | 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.  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. |
| 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 are disregarded between redeterminations of eligibility.   |

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

#### D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## 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.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

# **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

**Initial Submission Date** 3/29/2024

Effective Date 1/1/2024

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

# F. Additional Information (optional)

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:55 PM EDT

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary

Reviewable Units

Versions Correspondence Log **Analyst Notes** Approval Letter Transaction Logs

News

**Related Actions** 

# Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

#### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

## Package Header

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- 1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
- 2. Are not otherwise eligible for categorically needy coverage under the state plan.
- 3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

## Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

## **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

# **B. Financial Methodologies**

- 1. The financial methodology used is:
- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- 2. Less restrictive methodologies are used in calculating countable income.
- Yes
- No

The less restrictive income methodologies are:

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 Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

A specified type of resource is disregarded:

| Name of resource type:  | Description:   |
|---|--|
| Spousal impoverishment resource disregard for individuals eligible for Home and Community-Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), disregard all spousal resources.   |
| Resource disregard for individuals eligible for Home and Community-Based Services.                        | For individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), or Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD) waivers, a resource disregard shall be applied between the base resource standard for the group and \$7,500. |

| Name of resource type:                          | Description:  |
|---|---|
| Farm machinery, livestock, tools, and equipment | Farm machinery, livestock,<br>tools, and equipment are<br>excluded. |

☑ The following less restrictive methodologies are used:

| Name of methodology:   | Description:   |
|--|--|
| Real Property Disposal   | 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.  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. |
| 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 are disregarded between redeterminations of eligibility.   |

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

**Submission Type** Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Approval Date 00/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

#### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## **D. Resource Standard Used**

The resource standard used for this group is described in the Medically Needy Resource Level RU.

#### 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.

#### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS00030 | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

**SPA ID** NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 7/15/2024 12:56 PM EDT

Records / Submission Packages - View All

# NH - Submission Package - NH2024MS0003O - (NH-24-0006) - Eligibility

Summary

Reviewable Units

Versions

Correspondence Log

Analyst Notes

Approval Letter

Transaction Logs

News



# **Medicaid State Plan Eligibility**

#### **Eligibility Groups - Medically Needy**

#### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

#### Package Header

Package ID NH2024MS0003O

SPA ID NH-24-0006

Submission Type Official

Initial Submission Date 3/29/2024

Approval Date 06/21/2024

Effective Date 1/1/2024

Superseded SPA ID 09-003, 09-001, & 12-010

User-Entered

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1.Meet at least one of the following:

a. Are age 65 or older;

b. Have blindness; or

c. Have a disability

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### Package Header

Package ID NH2024MS0003O

Submission Type Official

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

#### **B.** Individuals Covered

The state covers the following populations:

1. Individuals age 65 or older

2. Individuals with blindness

3. Individuals who have a disability

SPA ID NH-24-0006

Initial Submission Date 3/29/2024

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### Package Header

Package ID NH2024MS0003O

Submission Type Official

Approval Date 06/21/2024

Superseded SPA ID 09-003, 09-001, & 12-010

User-Entered

#### C. Financial Methodologies

| 1. | The state | uses the sar | ne financial | methodology | for all | individuals | covered. |
|----|-----------|--------------|--------------|-------------|---------|-------------|----------|
|----|-----------|--------------|--------------|-------------|---------|-------------|----------|

Yes

No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- a b.More restrictive requirements than SSI. Please refer as necessary to More Restrictive Requirements than SSI under 1902(I), completed by the
- c. Less restrictive methodologies are used in calculating countable income.

Yes No

The less restrictive income methodologies are:

Census Bureau wages are disregarded

Description of disregard: Wages paid by the

SPA ID NH-24-0006

Initial Submission Date 3/29/2024

Effective Date 1/1/2024

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. |  |  |

d. 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 slale 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 Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

A specified type of resource is disregarded:

| Name of resource type:   | Description:   |
|--|--|
| Spousal impoverishment<br>resource disregard for<br>individuals eligible for<br>Home and Community-<br>Based Services. | For married individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HBCS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), disregard all spousal resources.   |
| Resource disregard for individuals eligible for Home and Community-Based Services.                                     | For individuals eligible for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), or Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD) waivers, a resource disregard shall be applied between the base resource standard for the group and \$7,500. |
| Farm machinery, livestock, tools, and equipment  | Farm machinery, livestock tools, and equipment are excluded.   |

The following less restrictive methodologies are used:

| Name of methodology:   | Description:   |
|------------------------|--|
| Real Property Disposal | 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 |

| Name of methodology:   | Description:  |  |  |
|--|---|--|--|
|  | counted during the disposal period.  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. |  |  |
| 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 are disregarded between redeterminations of eligibility.  |  |  |

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### Package Header

Package ID NH2024MS0003O

Submission Type Official

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

#### D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

SPA ID NH-24-0006

Initial Submission Date 3/29/2024

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

Submission Type Official

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

#### User-Entered

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

SPA ID NH-24-0006

Initial Submission Date 3/29/2024

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

Approval Date 06/21/2024

#### Package Header

F. Spenddown

Package ID NH2024MS0003O

Submission Type Official

**Superseded SPA ID** 09-003, 09-001, & 12-010

#### User-Entered

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.

SPA ID NH-24-0006

Initial Submission Date 3/29/2024

MEDICAID | Medicaid State Plan | Eligibility | NH2024MS0003O | NH-24-0006

#### **Package Header**

Package ID NH2024MS0003O

Submission Type Official

Approval Date 06/21/2024

**Superseded SPA ID** 09-003, 09-001, & 12-010

User-Entered

# G. Additional Information (optional)

SPA ID NH-24-0006

Initial Submission Date 3/29/2024

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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, Atth: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 7/15/2024 2:30 PM EDT