If you think a family or individual may be eligible for one of our programs, please have them visit www.nheasy.nh.gov or www.dhhs.nh.gov/dfa/apply.htm, or contact the nearest DHHS District Office for more details.

**DESCRIPTION**

Financial Assistance to Needy Families offers financial assistance to eligible families with dependent children and certain relatives who need help caring for related children.

Most able-bodied adults receiving financial assistance are expected to meet work participation requirements.

One or both parents in the family must be disabled, deceased, or absent from the home.

The Medicaid program pays for certain health care costs (doctor and hospital bills, prescriptions, dental care for children, etc.) for individuals who meet the technical and categorical requirements of the program.

Certain Medicaid programs have eligibility determined using modified adjusted gross income (MAGI), which uses IRS-defined concepts of income and household. The MAGI groups are explained on the back of this page. Medicaid is also offered to the elderly, disabled, and individuals requiring long-term care (LTC) assistance. These are the non-MAGI groups, although MAGI categories may also receive LTC assistance.

If an individual meets all program requirements except he or she is over the income limit, partial coverage can be provided under the In & Out program.

**FINANCIAL ASSISTANCE TO NEEDY FAMILIES (FANF)**

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Max Net Income*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$644</td>
</tr>
<tr>
<td>2</td>
<td>$571</td>
</tr>
<tr>
<td>3</td>
<td>$1,098</td>
</tr>
<tr>
<td>4</td>
<td>$1,325</td>
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</table>

**STATE SUPPLEMENT PROGRAM (SSP)**

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Net Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$808</td>
</tr>
<tr>
<td>2</td>
<td>$1,192</td>
</tr>
<tr>
<td>3</td>
<td>$1,576</td>
</tr>
</tbody>
</table>

**MEDICAL ASSISTANCE (MEDICAID)**

The Medicaid program pays for certain health care costs (doctor and hospital bills, prescriptions, dental care for children, etc.) for individuals who meet the technical and categorical requirements of the program.

Eligibility depends on income, resources, and living arrangement.

**RESOURCE LIMITS**

The resource limit for OAA, APTD, and ANB assistance is $1,500. Certain life insurance policies and burial funds are not counted.

**MONTHLY INCOME LIMITS**

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Net Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$591</td>
</tr>
<tr>
<td>2</td>
<td>$675</td>
</tr>
<tr>
<td>3</td>
<td>$683</td>
</tr>
<tr>
<td>4</td>
<td>$691</td>
</tr>
</tbody>
</table>

**DISREGARDS & DEDUCTIONS**

| 20% of earned income for applicants |
| Child/Dependent Care Costs |
| Court-Ordered Child/Spousal Support |
| Self-Employment Expenses |

$13 standard disregard

For working individuals:

up to $50 (APTD or OAA) or $85 (ANB), and

$18 or actual employment expenses (APTD or OAA) or 1/3 of remaining earned income (ANB)

**OTHER ELIGIBILITY CRITERIA**

Receipt of FANF cash benefits is limited to 60 months over a lifetime. In most cases, parents must cooperate with Child Support Services in establishing paternity, if unknown, and establishing medical and financial child support.

Some parents may also have to assign all rights to child support to DHHS while receiving financial assistance.

Cash applicants must apply for SSI, and must agree to a lien on all real estate owned by the assistance group. If living together, a spouse’s income, resources, and needs are considered when determining eligibility.

SSI is not counted as income.

In most cases, Medicaid applicants and recipients must cooperate with the Bureau of Child Support Services to obtain and enforce legal orders for medical support and to establish paternity for all children if unknown. Parents and children under age 22 living together are considered one household. Exemptions may be made if parents are over 60, disabled, and receiving SSA/SSI, and for children aged 22 and older who purchase and prepare meals separately from their parents.

The Medicaid program can cover the cost of nursing facility care for individuals who are unable to afford the cost. To receive payments for nursing facility care, an individual must:

- meet the general, technical, categorical, and financial requirements of a Medicaid program;
- have medical needs that require nursing facility care.

Certain individuals meeting these requirements may be eligible to receive community-based services under one of several Home and Community-Based Care waivers instead of entering a nursing facility.

<table>
<thead>
<tr>
<th>Group Size</th>
<th>In and Out Net Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,500</td>
</tr>
<tr>
<td>2</td>
<td>$4,000</td>
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<td>3</td>
<td>$6,000</td>
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<tr>
<td>4</td>
<td>$8,000</td>
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<table>
<thead>
<tr>
<th>Group Size</th>
<th>Max Gross Income (130%)</th>
<th>Max. Net Income (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FPG</td>
<td>FPG</td>
</tr>
<tr>
<td></td>
<td>$1,396</td>
<td>$1,074</td>
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<tr>
<td></td>
<td>$1,888</td>
<td>$1,452</td>
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<tr>
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<td>$1,830</td>
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<tr>
<td></td>
<td>$2,871</td>
<td>$2,209</td>
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</table>

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Utilities</th>
<th>Paid Child Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$74</td>
<td>$200</td>
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<tr>
<td>2</td>
<td>$120</td>
<td>$400</td>
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<td>3</td>
<td>$160</td>
<td>$600</td>
</tr>
<tr>
<td>4</td>
<td>$200</td>
<td>$800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Shelter</th>
<th>Child/Dependent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$100</td>
<td>$300</td>
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<tr>
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<td>$150</td>
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<td>$200</td>
<td>$600</td>
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<tr>
<td>4</td>
<td>$250</td>
<td>$800</td>
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<table>
<thead>
<tr>
<th>Group Size</th>
<th>Self-Employment Expenses</th>
<th>Medical for seniors and disabled</th>
<th>Standard household deduction</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$200</td>
</tr>
<tr>
<td>2</td>
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</tr>
<tr>
<td>4</td>
<td>$200</td>
<td>$400</td>
<td>$800</td>
</tr>
</tbody>
</table>

The nursing facility must be licensed and certified by the State of NH.

If appropriate, the individual must apply for VA Aid and Attendance allowance benefits.

When determining cost of care:

- $74 Personal Needs Allowance ($90 VA)
- Allocation to dependents
- Uncovered Medical expenses

New Hampshire Bureau of Family Assistance (BFA) Program Fact Sheet

This fact sheet gives basic information about eligibility, income, and resource requirements for each of the following programs: Financial Assistance to Needy Families, the State Supplement Program (Old Age Assistance, Aid to the Permanently & Totally Disabled, and Aid to the Needy Blind), Medicaid (Modified Adjusted Gross Income [MAGI] and non-MAGI categories, including Qualified Medicare Beneficiaries and Specified Low Income Beneficiaries), the Supplemental Nutrition Assistance Program, Nursing Facility Care, Child Support Services, and NH Child Care Scholarship.
**DEDUCTIONS**

**INCOME LIMITS**

**DISREGARDS**

**ELIGIBILITY**

**RESOURCE PROGRAM**

**MONTHLY INCOME LIMITS**

**RESOURCES & DISCREDITS**

**OTHER ELIGIBILITY CRITERIA**

**PROGRAM TITLE**

**CHILDSUPPORT SERVICES**

**NH CHILD CARE SCHOLARSHIP**

**MODIFIED ADJUSTED GROSS INCOME (MAGI) MEDICAL ASSISTANCE (MA) VALUE**

**QUALIFIED MEDICARE BENEFICIARIES (QMB)**

**MEAD AND MOAD**

---

**DESCRIPTION**

The Bureau of Child Support Services (BCSS) locates responsible parents, establishes paternity, establishes child and medical support orders, reviews orders for possible adjustment per NH Guidelines, and enforces legal support orders. These services are provided regardless of whether the responsible parent lives in NH or in another state or country.

BCSS collects, tracks, and disburses support payments. Methods to collect child and medical support include interception of tax refund checks, mandatory income withholding, interception of NH lottery prizes, interception of Unemployment Compensation and lens against real or personal property. BCSS can also report non-compliant obligors to a credit bureau, and can request that a licensing board or agency revoke, or deny an obligor’s license if he or she is not in compliance with a legal order for support. Passports may also be denied.

In addition, BCSS provides services to families that are not receiving public assistance. BCSS will charge a $35.00 annual fee to obligees who have never received public assistance, after the first $500.00 in support has been collected beginning October 1st of each year.

---

**MONTHLY INCOME LIMITS**

### None

<table>
<thead>
<tr>
<th>Medium Gross Income Limits (Step 6) ≤ 220%</th>
<th>Family Size</th>
<th>Monthly Maximum Income Limits (% FPG)</th>
<th>Monthly Income Limits (% FPG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPG</td>
<td>Family Size</td>
<td>Monthly Maximum Income Limits (% FPG)</td>
<td>Monthly Income Limits (% FPG)</td>
</tr>
<tr>
<td></td>
<td>PCR</td>
<td>GA</td>
<td>CMPX/FP</td>
</tr>
<tr>
<td></td>
<td>&lt;133%</td>
<td>&lt;196%</td>
<td>&gt;196%</td>
</tr>
<tr>
<td></td>
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<tr>
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<td>4</td>
<td>$1,108</td>
<td>$4,329</td>
</tr>
</tbody>
</table>

---

**RESOURCES & DISCREDITS**

### None

$1,000,000 for combined resources of assistance group

---

**OTHER ELIGIBILITY CRITERIA**

Medicaid-only applicants/recipients and certain recipients of Financial Assistance to Needy Families must cooperate with BCSS as a condition of eligibility.

An individual does not have to get cash assistance to get NH Child Care Scholarship. Child care must be necessary so that the parents can go to job training, look for a job or go to school or work. All families are expected to help with the cost share when receiving the scholarship.

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**DISREGARDS & DEDUCTIONS**

### None

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**REQUIRES & DISCREDITS**

### N/A

**Court-ordered spousal support**

**Wage garnishments**

**5% MAGI-specific income deduction, which is only applied when using IRS-defined concepts of income and household. Most income limits are based on federal poverty guidelines (FPG). The MA categories that use MAGI are:**

- **Children’s Medicaid (CM):** Children under age 19 with income no higher than 196% FPG. Children with severe disabilities (CSD) are also covered under this category.
- **Expanded CM:** Children under age 19 with income higher than 196% FPG, but no higher than 318% FPG.
- **Parents/Caretaker Relative (PCR):** Adults must be a parent/caretaker relative of a dependent child, defined as a child under age 18, or under age 19 and a full time student in secondary school (or equivalent). The child must meet FANF deprivation requirements. Net income must be less than or equal to a set income limit that is based on the FANF payment standard, not the FPG.
- **Granite Advantage Health Care Program (Granite Advantage):** Adults must be at least age 19 but younger than age 65 and age 65 and income can be no higher than 133% FPG. Women cannot be pregnant, and the adult cannot be entitled to or enrolled in Part A of the Medicare Part B benefits or other eligible for or enrolled in any mandatory Medicaid coverage.
- **Family Planning Medical Assistance (FP):** Limited coverage for non-pregnant adults who are not already a Medicaid recipient and whose income is no higher than 136% FPG.

An applicant must also meet the general nonfinancial requirements/conditions of eligibility for Medicaid, such as filing an application, obtaining a Social Security number. Medicaid for Employed Adults with Disabilities (MEAD) and Medicaid for Employed Older Adults with Disabilities (MOAD) provide medical coverage to disabled working adults. MEAD and MOAD have higher income and resource limits than other Medicaid programs and allow eligible recipients to return to work or increase their earnings. Some individuals who are eligible for MEAD or MOAD may be required to pay a health insurance premium.

To be eligible for MEAD, an individual must be 18 through 64 years old; to be eligible for MOAD, an individual must be 65 or older.

MEAD and MOAD individuals must:

- be employed or self-employed for pay
- contribute to FICA
- meet MEAD and MOAD income and resource criteria noted below;
- meet ANB or APTD medical criteria or
- have a documented medical impairment that is included in the Social Security Administration’s Listing of Impairments that is expected to last 24 months or longer;
- and enroll in cost-free health insurance if their employer offers it.

Individuals and couples with income less than 150% FPG are not required to pay a premium. MEAD and MOAD premiums are reduced by the cost of other health insurance premiums paid by the individual and/or his or her spouse.

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**QUALIFIED MEDICARE BENEFICIARIES (QMB)**

**MEAD AND MOAD**

- **ANB, APTD, or OAA deduction**
- **Impairment Related Work Expenses**
- **150% of remaining earned income**
- **Standard adult disregard**
- **Employability account/medical savings account**

**MOAD**

- **65% of earned income**
- **$20 standard deduction**

---

**PROGRAM TITLE**

**CHILDSUPPORT SERVICES**

**NH CHILD CARE SCHOLARSHIP**

**MODIFIED ADJUSTED GROSS INCOME (MAGI) MEDICAL ASSISTANCE (MA)**

**QUALIFIED MEDICARE BENEFICIARIES (QMB)**

**MEAD AND MOAD**

---

**DESCRIPTION**

Cooperate with BCSS as a condition of Assistance to Needy Families must and certain recipients of Financial Medicaid-only applicants/recipients

- N/A
- None
- $1,000,000 for combined resources of assistance group
- None
- $1,000,000 for combined resources of assistance group
- MEAD and MOAD

---

**RESOURCE LIMITS**

**DISREGARDS & DEDUCTIONS**

**OTHER ELIGIBILITY CRITERIA**

---

**ANB, APTD, or OAA deduction**

**Impairment Related Work Expenses**

**150% of remaining earned income**

**Standard adult disregard**

**Employability account/medical savings account**

---

**ANB, APTD, or OAA deduction**

**Impairment Related Work Expenses**

**150% of remaining earned income**

**Standard adult disregard**

**Employability account/medical savings account**

---

**ANB, APTD, or OAA deduction**

**Impairment Related Work Expenses**

**150% of remaining earned income**

**Standard adult disregard**

**Employability account/medical savings account**

---

**ANB, APTD, or OAA deduction**

**Impairment Related Work Expenses**

**150% of remaining earned income**

**Standard adult disregard**

**Employability account/medical savings account**

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**ANB, APTD, or OAA deduction**

**Impairment Related Work Expenses**

**150% of remaining earned income**

**Standard adult disregard**

**Employability account/medical savings account**

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**ANB, APTD, or OAA deduction**

**Impairment Related Work Expenses**

**150% of remaining earned income**

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**Employability account/medical savings account**

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**ANB, APTD, or OAA deduction**

**Impairment Related Work Expenses**

**150% of remaining earned income**

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