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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 13-019-MM3

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Division of Medicaid and Children's Health Operations / Boston Regional Office

January 10, 2014

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

Re: New Hampshire SPA TN 13-019-MM3

Dear Commissioner Toumpas,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 13-019-MM3, which was submitted to CMS on December 31, 2013. SPA 13-019-MM3, approved on January 10, 2014, incorporates the Modified Adjusted Gross Income (MAGI)-based methodologies into NH's Medicaid State Plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

Transmittal # 13-019-MM3	--MAGI-Based Income Methodologies --Effective January 1, 2014

Enclosed is a copy of the new State Plan pages to be incorporated within a separate section at the back of NH's approved State Plan:

- S10, Pages S10-1 and S10-2

In addition, enclosed is a summary of State Plan pages that are superseded by NH 13-019-MM3; this document should be incorporated into a separate section in the front of the State Plan.

Notwithstanding any other provisions of the New Hampshire Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment NH-13-019-MM3 will apply to all MAGI-based eligibility groups covered under New Hampshire's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

If there are questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kathleen Dunn, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

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Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **New Hampshire**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NH-13-019

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(e)(14); 42 CFR 435.603

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	$ 0.00
Second Year	2015	$ 0.00

Subject of Amendment

This page describes the options elected by the state with respect to MAGI-based income methodologies, that will be used effective January 1, 2014 for determining eligibility for most children, pregnant women and parents and caretaker relatives.

Governor's Office Review

- ○ **Governor's office reported no comment**
- ○ **Comments of Governor's office received**
  Describe:
- ○ **No reply received within 45 days of submittal**
- ◉ **Other, as specified**
  Describe:
  Comments, if any, will follow

Signature of State Agency Official

Submitted By:	**Dawn Landry**
Last Revision Date:	**Jan 2, 2014**
Submit Date:	**Dec 31, 2013**

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DATE RECEIVED:	DATE APPROVED:
December 31, 2013	January 10, 2014
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL:	SIGNATURE OF REGIONAL OFFICIAL:
January 1, 2014	/s/
TYPED NAME	TITLE
Richard R. McGreal	Associate Regional Administrator Division of Medicaid & Children's Health Operations Boston, MA

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SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: NH-13-019-MM3	**STATE:** New Hampshire
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S10 - MAGI Income Methodology	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:** Notwithstanding any other provisions of the New Hampshire Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment NH-13-019-MM3 will apply to all MAGI-based eligibility groups covered under New Hampshire's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

MAGI-Based Income Methodologies S10

1902(e)(14)
42 CFR 435.603

☒ The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- ○ The pregnant woman is counted just as herself.
- ○ The pregnant woman is counted as herself, plus one.
- ◉ The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- ◉ Current monthly household income and family size
- ○ Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- ☐ Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- ☒ Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

◉ Yes ○ No

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Medicaid Eligibility

☐ The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

○ Age 19

◉ Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.