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WAIVERS OF STATE PLAN PROVISIONS RECEIVED
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MAR 31 93

State: New Hampshire

Type of Waiver:

- 1915(b) (1) - Case Management System
- 1915(b) (2) - Locality as a Central Broker
- 1915(b) (3) - Sharing of Cost Savings (through):
Additional Services
Elimination of Co-payments
- 1915(b) (4) - Restriction of Freedom of Choice
- 1915(c) Home and Community-Based Services Waiver (non-model format).
- Home and Community-Based Services Waiver (model format).
- 1916(a) (3) and/or (b) (3) - Nominality of Co-payments

Title of Waiver and Brief Description:

Home and Community-Based Services for the Elderly and Chronically Ill #0060.90

Approval Date: March 22, 1984 Renewal Date(s): July 1, 1992 to June 30, 1997

Effective Date: July 1, 1984

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Yes - Section 1902(a) (10) - Section 2.1(a)3 of State Plan

Statewideness: No

Freedom of Choice: No

Services:

Adult In-Home Day Care	Personal Emergency Responses System
Adult Day Health Services-Attach 3.1A	Home Health Aide Services-Attach 3.1A
Respite Care	Homemaker Services
Nursing Care Services-Attach 3.1A	

Eligibility: Categorically needy only, including the special income groups as described under 42 CFR 435.217.

Reimbursement Provisions (if different from approved State Plan Methodology):
Under this waiver, recipients are exempt from the service limits.

Nancy H. Bird, M.D.

Signature of State Medicaid Director

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- Home and Community-Based Services Waiver (model format).
- 1916(a) (3) and/or (b) (3) - Nominality of Co-payments

Title of Waiver and Brief Description:

Home and Community Based Waiver Program for the Developmentally Disabled #0053E.

Approval Date: October 15, 1983 Renewal Date(s): Sept.1, 1986 - August 31, 1991
Sept.1, 1991 - August 31, 1996

Effective Date: September 1, 1983

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Yes

Statewideness: Yes

Freedom of Choice: Yes

Services:	Case Mangement	Personal Care Services
	Adult Day Services	Habilitation Services:
		Day Habilitation
		Supported Employment

Eligibility: Categorically Needy

including 42 CFR 435.217

Reimbursement Provisions (if different from approved State Plan Methodology):

Under this Waiver, recipients are exempt from service limits.

Harry H. Bird, MD

Signature of State Medicaid Director

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STATE PLAN UNDER TITLE XIX
OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

HCFA-AT-80-38 (BPP)
MAY 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: _____

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*1.1-B	Waivers under the Intergovernmental Cooperation Act
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