



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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JEFFREY A. MEYERS
COMMISSIONER

January 9, 2019

The Honorable William A. Hatch, Chairman
and Members
Joint Legislative Committee on Administrative Rules
State House Annex, Rm 219
25 Capitol Street
Concord, NH 03301

*Re: Department of Health and Human Services Response to JLCAR Preliminary
Objection to Proposed Interim Rule 2018-26 He-W 837 relative to NH Granite
Advantage Health Care Program*

Dear Chairman Hatch and Members of the Committee,

I write in response to the objection by the Joint Legislative Committee on Administrative Rules (JLCAR) to the Department's Final Proposed Interim Rule 2018-26, He-W 837 "NH Granite Advantage Health Care Program" at its December 20, 2018 meeting.

As stated in the December 24, 2018 letter by Committee Attorney Christina R. Muniz, the objection was based on four grounds, as follows:

- (1) Pursuant to 402.02(a), the proposed rule is contrary to legislative intent by appearing to violate or conflict with the Americans with Disabilities Act;
- (2) Pursuant to 402.02(a), the department lacks the authority to violate the U.S. Constitution, specifically the Due Process Clause of Amendment V;
- (3) Pursuant to 403.01(c) and (d), the proposed rule is contrary to the public interest because the language is too broad and not clear so as to be understandable by the regulated community; and
- (4) Pursuant to 402.01(c), the proposed rule is contrary to legislative intent by violating the overall purpose of RSA 126-AA, "including but not limited to issues relative to deficiency of hours, carryover of work hours, and exemptions relative to people with disabilities."

The Department believes that the proposed Interim Rule is entirely consistent with the intent and the plain language of Senate Bill 313, now codified at RSA 126-AA:1-5, and that it violates neither federal law nor the state and federal constitutions. Moreover, the Department rejects any suggestion that the Interim Rule is overbroad or "not clear to be understandable by the regulated community." The proposed Interim Rule reflects each and every aspect of the work and community engagement requirement expressed in Senate Bill 313. As you remember, SB313 enjoyed broad, bipartisan support, including the work requirement provision. For all of the reasons

described below, the Committee should reconsider its objection and approve the Interim Rule at its January 18, 2019 meeting.

In evaluating the proposed Interim Rule, JLCAR must not only consider the criteria in Chapter 400 of its rules, it must also evaluate the proposed Interim Rule with the final terms and conditions of the waiver issued by the Centers for Medicare and Medicaid Services(CMS). Senate Bill 313 plainly requires that “the commissioner implement the work and community engagement requirement under paragraph III beginning January 1, 2019 in accordance with the terms and conditions of any waiver approved by CMS.” In enacting the Granite Advantage Health Care Program, the legislature determined that the CMS waiver would control the work and community engagement requirement.

I. The Proposed Rule Does Not Violate the Americans with Disabilities Act

Senate Bill 313 provides for the exemption from the work and community engagement requirement for beneficiaries who have a disability and are unable to meet the requirement as a result of their disability. RSA 126-AA:2,III(d)(6).

Proposed Interim Rule He-W 837.04(a)(7) exempts “[b]eneficiaries with a disability who are unable to comply with the community engagement requirement due to disability-related reasons.” The proposed Interim Rule is virtually identical to the language of the statute, and neither the Committee nor any advocate appearing at the recent hearing questioned the validity of the disability exemption in Senate Bill 313. Thus, no person who experiences disabilities and is unable to participate in or meet the work and community engagement requirement as a result of that disability will lose their coverage because they are otherwise exempt.

The provisions of the proposed Interim Rule and the CMS waiver regarding “reasonable modifications” are misunderstood. Under the terms of the waiver, STC 21a, the Department must provide assistance to those with disabilities who choose to participate in the program so they can access exemptions based on their disability, understand the program and its rules, and navigate ADA compliant websites, among other assistance. This assistance does not supplant the requirements upon employers to make reasonable accommodation in the workplace. See 42 USC 12111, et. seq. The Disability Rights Center in its letter dated December 18, 2018 and in its testimony before JLCAR on December 20, 2018 did not make this distinction. The proposed Interim Rule, as it must, reflects the requirements of the waiver that are placed upon the state.

The Disability Rights Center has specifically questioned two provisions of proposed He-W 837: He-W 837.10(b)(3) and He-W 837.07(b)(7).

For purposes of clarity, the Department agrees that the language in He-W 837.10(b)(3) be modified. The Department removed the provision and He-W 837.08(b)(2) was added to contain language directly obtained from the Special Terms and Conditions (STCs) of the waiver that details what CMS considers a reasonable modification. This change will align the proposed Interim Rule with the STCs, which requires in STC 21(a), in pertinent part, that “[t]he state must provide reasonable modifications related to meeting community engagement requirements for beneficiaries with disabilities protected by the ADA, Section 504, or Section 1557, when

necessary, to enable them to have an equal opportunity to participate in, and benefit from, the program.”

Similarly, in light of the language of the final waiver regarding self-attestation for both exemptions and qualifying activities, we are proposing to amend the language in He-W 837.07(b)(7)&(8), now He-W 837.05(c)(9)&(10), as follows:

(9) For beneficiaries unable to participate due to hospitalization or serious illness under (a)(9) **above**, copies of ~~physician records, hospital records, admission or discharge summaries, or financial or billing information, or billing statement(s) verifying~~ **documenting** the hospitalization or serious illness **or dates of stay**. The duration of this exemption shall be 1 month or the date range specified by the medical professional, whichever is longer.

(10) For beneficiaries who are unable to participate due to hospitalization or serious illness of an immediate family member **under (a)(10) above**, copies of the family member’s ~~physieian records, hospital records, admission or discharge summaries, or financial or billing information, or billing statement(s) verifying~~ **documenting** the hospitalization or serious illness. The duration of this exemption shall be 1 month or the date range specified by the medical professional, whichever is longer.

Lastly, the Disability Rights Center and other advocates have stated that exempting disabled individuals from the community engagement requirements results in discrimination of these disabled individuals. The Department disagrees.

The Department, in completing its statutorily mandated obligations under Senate Bill 313, has exempted through rule those individuals defined by the ADA as disabled in completing the community engagement requirements. Federal anti-discrimination law states that “no qualified individual with a disability shall, on the basis of a disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity.” 28 CFR 35.130(a). Exempting disabled individuals from the community engagement requirements does not preclude individuals with a disability from participating in the community engagement requirements. If the individual voluntarily chooses to participate, they will be subject to the rule requirements and afforded a reasonable modification should one be requested. The Department has added language to He-W 837.04(e) to make this clear.

II. The Proposed Interim Rule Does Not Violate the Due Process Clause of the US Constitution

Prior to amendment, He-W 837 required beneficiaries to sign an acknowledgment that the “granite advantage is subject to cancellation upon notice.” Stakeholders and JLCAR members have argued that this provision runs afoul with the Due Process Clause of US Constitution, by taking away a property right, in this case a beneficiary’s health care benefits, without due process of law. RSA 126-AA:2, II(a)(3) provides that those who receive benefits under Granite Advantage shall, “at the time of enrollment, acknowledge that the program is subject to cancellation upon notice.” Because this statutory provision pertains to the benefits under Granite Advantage

generally, the Department has removed this provision from the He-W 837 work and community engagement rules.

III. The Proposed Interim Rule is Clear and Understandable to Beneficiaries and Providers Alike

In the comments to the proposed Interim Rule provided by Committee staff, there are a dozen instances where staff have interlined the comment “unclear.” Most of these references refer to the forms to be used for certifying exemptions or issues of grammar. In the absence of any specific basis of the asserted lack of clarity in the Committee’s letter of objection, the Department presumes the cited references to a lack of clarity refers to the comments received from the Department by the Committee’s attorney the day prior to the December 20, 2018 JLCAR meeting. We wish to address the more substantive of those citations.

1. Under Senate Bill 313 and the CMS waiver, those persons who are “medically frail” are statutorily exempt from the work and community engagement requirement. The term is used only in one manner: to identify those persons meeting the definition of medically frail under 42 CFR 440.315(f). That reference is contained in both Senate Bill 313, as well as in the proposed Interim Rule at He-W 837.04(a)(11). There is no alternate meaning of that term, as suggested by Committee staff. The definition in the rule has been amended to mirror the federal definition.

2. Committee staff have raised questions regarding the clarity of the process for exemptions. See Page 5 of the proposed Interim Rule (asking whether or not exemptions for medical frailty are “automatic.”) He-W 837.07(c)(9), now He-W 837.05(c)(11), provides that beneficiaries identifying as medically frail must submit an annual certification by a medical professional. The duration of the exemption is 12-month from the date of the certification. Among other changes, the word “certification” is to be substituted for “verification” to make this provision consistent with Senate Bill 313 and the CMS waiver.

3. In He-W 837.09(a)(1), now He-W 837.07(c)(4), the “application process” refers to the application for eligibility or redetermination for coverage under the Granite Advantage Health Care Program. The Department has added “Granite Advantage eligibility or redetermination” before “application process” for clarity.

4. In He-W 837.14(b)(4), now He-W 837.11(e)(4), the Department believes that beneficiaries and the general public alike understand the terms “sexual assault,” “domestic violence,” “stalking,” and “dating violence.”

5. In He-W 837.14(b)(8)&(9), now He-W 837.11(e)(8)&(9), the proposed Interim Rule addresses the instance in which a beneficiary or a beneficiaries’ family member experiences hospitalization or serious illness and needs to attest and/or verify the number of days in which they were unable to meet the hourly requirement. This provision implements RSA 126-AA:2, III(d)(1)&(6).

6. He-W 837.14(b)(6), now He-W 837.11(e)(6), has been modified to reflect that the provision applies to instances in which a beneficiary with a disability has chosen to voluntarily

participate in the community engagement requirement but is unable to meet the community engagement requirement as a result of that disability.

7. He-W 837.16, now He-W 837.03(b), has been amended to reflect that the compliance period for every beneficiary begins the first full month following the end of the 75-day grace period. Under the CMS waiver, a beneficiaries' compliance must begin on the first of the month following the grace period.

The Department made a substantial amount of changes based on the comments received from all parties to ensure clarity. Please see the attached amended proposed Interim Rule for all changes.

IV. The Proposed Interim Rule is Consistent with Legislative Intent and Implements the Requirements of RSA 126-AA, Including Those Issues Cited by JLCAR

The Committee's final objection to the proposed Interim Rule is that it: "is contrary to the legislative intent by violating the overall purpose of RSA 126-AA including, but not limited to, issues relative to deficiency of hours, carry-over of work hours and exemptions relative to persons with disabilities."

The proposed Interim Rule reflects all provisions of Senate Bill 313 with respect to the work and community engagement requirement and is consistent with legislative intent, as follows:

1. Curing Deficiency of Hours: The sole reference in Senate Bill 313 to "curing" is in RSA 126-AA:2, III(e), which identifies the elements of the community engagement requirement to be addressed in rules. Those elements include "(4) Opportunity to cure and re-activation following non-compliance including not being barred from re-enrollment." No further direction on curing was provided (or prohibited) by the legislature. He-W 837.17, now He-W 837.09, provides for the repeated consecutive use of curing in order to maintain eligibility. The only limitation on the use of curing is that beginning in May 2020, a beneficiary cannot maintain eligibility by the repeated consecutive use of curing for 12 months. The language in He-W 837.18(b), now He-W 837.13, is being modified slightly to include the same language as in STC 22c.

The consecutive curing provision reflected in both the proposed Interim Rule and the STCs issued by CMS allow a beneficiary to maintain their eligibility and coverage by curing a deficiency for the prior month in any given month. The use of repeated consecutive curing is permitted without limitation until May 2020. After that time, it is still permitted but only for less than 12 months in a year. Under the proposed Interim Rule and the CMS waiver, no beneficiary can lose their health care coverage if they have a bad month.

2. Carry-Over of Hours: Senate Bill 313 contains no provision relative to the carry-over of hours. In waivers issued to several other states, as well as New Hampshire, CMS has prohibited the carry-over of hours from month to month. There is no restriction against carry-over of hours week to week within a month.

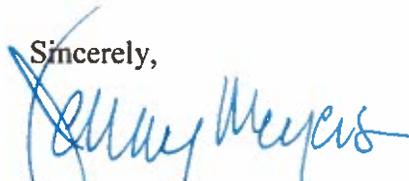
3. Exemptions Relative to Disabilities: The provisions of the proposed Interim Rule for exempting beneficiaries with disabilities mirrors the requirements of Senate Bill 313. Proposed Interim Rule He-W 837.04(a)(7) exempts “[b]eneficiaries with a disability who are unable to comply with the community engagement requirement due to disability-related reasons.” The proposed Interim Rule is virtually identical to the language of the statute, and neither the Committee nor any advocate appearing at the recent hearing questioned the validity of the disability exemption in Senate Bill 313. Thus, no person who experiences disabilities and is unable to participate in or meet the work and community engagement requirement as a result of that disability will lose their coverage because they are otherwise exempt.

It is also important to point out that the majority of Medicaid beneficiaries with disabilities are already enrolled in standard Medicaid, for which there is no work and community engagement requirement. The number of persons enrolled in Granite Advantage who are not medically frail but have disabilities that would not permit them to be exempted is likely to be very small. As with all Granite Advantage members, the Department will be working to educate everyone on all the qualifying activities and exemptions available. We are committed to ensuring that this program is fairly implemented in a way that helps individuals succeed in the program.

Had the legislature wished to establish some other requirement for curing deficiencies of hours and exemptions for those with disabilities, or established any requirement for carry-over of hours, it could have phrased the statute accordingly. See e.g. State vs. Stratton, 132 N.H. 451, 455 (1989). The Department cannot through regulations change the scope of a statute. Appeal of Cook, 182 A.3d 228, 232 (N.H. 2018). Instead, the Department is required to follow through on its statutory obligations by establishing rules consistent with the STCs.

The Department has made significant changes to the Interim rule to ensure all of the substantive concerns raised by the committee and the community have been addressed. The amended proposed Interim Rule is attached. In order to implement the mandate of RSA 126-AA, the Objection Response and amended Interim Rule He-W 837 were developed to ensure the rules were comprehensive, clear to the regulated community, and created based on the department’s authority. The comments received and addressed in the amended interim rule have strengthened the interim rule. As indicated at the December 20, 2018 hearing, the Department will be initiating the regular rulemaking process very shortly. However, as previously noted, the Department will comply with the law and move forward with the implementation of this program.

Sincerely,



Jeffrey A. Meyers
Commissioner

Enclosure

Adopt He-W 837 cited and to read as follows:

CHAPTER He-W 800 ELIGIBILITY FOR MEDICAL ASSISTANCE

PART He-W 837 GRANITE ADVANTAGE HEALTH CARE PROGRAM

He-W 837.01 Definitions.

- (a) “Beneficiary” means an individual determined eligible and currently receiving medicaid.
- (b) “Commissioner” means the commissioner of the NH department of health and human services, or his or her designee.
- (c) “Community engagement requirement” means a condition of continuing eligibility for the granite advantage health care program (granite advantage) that requires beneficiaries to engage in at least 100 hours per calendar month in one or more community engagement activities.
- (d) “Cure” means satisfying-meeting the community engagement requirement for a noncompliant month by: making up the deficit hours for the month that resulted in noncompliance, demonstrating good cause for the deficit hours, or providing verification-certification of an exemption status.
- (e) “Deficit hours” means the number of hours -below 100 hours that the beneficiary did not participate in that represents the difference between the 100-hour per calendar month community engagement requirement and the actual number of hours per calendar month that the beneficiary participated in a qualifying_ community engagement activitiesesy.
- (f) “Department” means the New Hampshire department of health and human services.
- (g) “Disability” means disability as defined by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, or Section 1557 of the Patient Protection and Affordable Care Act.
- (h) “Disenrollment” means the termination of medicaid eligibility at the annual redetermination of a suspended beneficiary.
- ~~(i) “Exempt” means the beneficiary is not required to participate in the community engagement requirement.~~
- (~~j~~) “Granite advantage health care program (granite advantage)” means the granite advantage health care program established under RSA 126-AA and provides medicaid coverage to adults eligible under Title XIX of the Social Security Act 1902(a)(10)(A)(i)(VIII).
- ~~(j) “Good cause” means circumstances beyond the beneficiary’s control that prevented the beneficiary from meeting the community engagement requirement.~~
- (k) “Immediate family member” means a spouse, child(ren), mother-in-law, father-in-law, parent(s), step-parent(s), step-child(ren), step-brother(s), step-sister(s), grandparent(s), grandchild(ren), brother(s), sister(s), legal guardian(s), daughter(s)-in-law, son(s)-in-law, and foster child(ren).
- ~~(l) “Mandatory” means the beneficiary is required to participate in the community engagement requirement.~~

(~~lm~~) “Medical professional” means a licensed physician, a licensed advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, a licensed ~~drug alcohol~~ and ~~alcohol drug~~ counselor (L~~ADDA~~C), or a board-certified psychologist.

(~~mm~~) “Medicaid” means the Title XIX and Title XXI programs administered by the department, which makes medical assistance available to eligible individuals.

(~~ne~~) “Medically frail” means a beneficiary, as defined in 42 CFR 440.315(f), an individual with a disabling mental disorder, chronic substance use disorder (SUD), serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by eligible under granite advantage who is exempt from the community engagement requirement for 12 months and is certified as medically frail by a medical professional.

(~~op~~) “Noncompliant” means a status where a beneficiary failed to meet the 100 hour per calendar month community engagement requirement.

(~~pq~~) “Redetermination” means the annual medicaid eligibility renewal process required by 42 CFR 435.916, He-W 606, and He-W 684.

(~~qr~~) “Voluntary” means a community engagement status in which ~~an exempt a~~ beneficiary is not required to participate in the community engagement requirement but chooses to do so.

He-W 837.02 Medicaid Eligibility. Medicaid eligibility for the granite advantage population shall be determined in accordance with the requirements of 42 CFR 435.603 (a)-(h).

He-W 837.03 Community Engagement Requirement.

(~~a~~) Unless ~~exempted~~ under He-W 837.04 below or able to demonstrate good cause under He-W 837.112, beneficiaries enrolled in granite advantage shall engage in at least 100 hours per calendar month in one or more the community engagement activities listed in He-W 837.08 below as a condition of their continued eligibility for the program.

(~~b~~) A beneficiary shall have until the first full month following 75 calendar days from the date of eligibility or expiration of an exemption to come into compliance with the community engagement requirement.

He-W 837.04 Exemptions.

(a) Beneficiaries meeting at least one or more of the following ~~exemptions conditions~~ shall ~~not be required exempted from to complete the~~ community engagement requirement: qualifying activities to maintain eligibility and shall complete the verifications and attestations indicated for the exemption type in He-W 837.07 below:

- (1) Beneficiaries who are unable to participate ~~in the requirements~~ due to illness, incapacity, or treatment, including inpatient or residential outpatient treatment, as certified by a medical professional;~~;~~ ~~a-~~ This exemption shall include the beneficiary’s participation in inpatient and residential outpatient ~~substance use disorder SUD~~ treatment or in intensive outpatient ~~substance use disorder SUD~~ services that is consistent with Levels 2.1 and above as found in the American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for

Substance-Related, Addictive, and Co-Occurring Conditions, Third Edition (2013), henceforth referred to as “ASAM Criteria 2013”, available as noted in Appendix A;

(2) Beneficiaries who are participating in a state-certified drug court program as certified by the administrative office of the superior court;

(3) A custodial parent or caretaker as defined in RSA 167:82, II(g) where the required care is considered necessary by a medical professional ~~that such care is required;~~

(4) A custodial parent or caretaker of a dependent child under 6 years of age provided that the exemption shall only apply to one parent or caretaker of a common child or children in the case of a 2-parent household;

(5) A custodial parent or caretaker of a child with developmental disabilities who is residing with the parent or caretaker;

(6) Pregnant women as defined in 42 CFR 435.4 whose circumstance or condition is not previously known to the department;

(7) Beneficiaries with a disability who are unable to comply with the community engagement requirement due to disability-related reasons;

(8) Beneficiaries residing with an immediate family member who has a disability and is unable to meet the community engagement requirement for reasons related to the disability of that family member;

(9) Beneficiaries who experience a hospitalization or serious illness;

(10) Beneficiaries residing with an immediate family member who experiences a hospitalization or serious illness; or

(11) Beneficiaries who are ~~identified as medically frail, under 42 CFR section 440.315(f), and as defined in the alternative benefit plan and in the medicaid state plan and as who are certified by a medical professional to be unable to comply with the community engagement requirement as a result of their condition as medically frail;~~

~~(12) Beneficiaries who are receiving Supplemental Nutrition Assistance Program (SNAP) benefits and who are exempt from the program’s employment requirements;~~

~~(13) Beneficiaries who are receiving temporary assistance for needy families (TANF) benefits and who are exempt from the program’s employment requirements; or~~

~~(14) Beneficiaries who are enrolled in New Hampshire’s voluntary health insurance premium program (HIPP) and whose status or eligibility has not been automatically determined by the department.~~

(b) Beneficiaries meeting at least one of the conditions in (a)(1) – (11) above shall complete the required form for the condition as specified for the condition in accordance with He-W 837.07 below.

~~(b) A beneficiary who is otherwise exempt may request to participate voluntarily in the community engagement program.~~

~~He-W 837.05 Automatic Exemptions.~~

(~~ca~~) Beneficiaries who fall ~~within in at least one or more~~ of the following categories, based on the information available in the department's eligibility system(s), shall be ~~automatically~~ exempted from the community engagement requirement ~~and not have to supply additional information to the department~~:

- (1) Beneficiaries who are approved by the department for aid to the permanently and totally disabled (APTD), aid to the needy blind (ANB), medicaid for employed adults with disabilities (MEAD), nursing facility, home and community based services (HCBS), or home care for children with severe disabilities through age 20 (HC-CSD);
- (2) Beneficiaries who are receiving supplemental security income (SSI), social security disability income (SSDI), railroad disability, or veteran disability benefits;
- (3) Beneficiaries who are pregnant as defined in 42 CFR 435.4, and whose pregnancy status is indicated in the department's eligibility system(s);
- (4) A beneficiary who is a custodial parent or caretaker for a dependent child under 6 provided that the exemption shall only apply to one parent or caretaker in the case of a 2-parent household;
- (5) A beneficiary who is a custodial parent or caretaker of a child with developmental disabilities who is residing with the parent or caretaker and who is currently approved by the department for services under the home and community based services developmental disability waiver (HCBS-DD);
- (6) Beneficiaries who are receiving SNAP benefits and who are exempt from the program's employment requirements;
- (7) Beneficiaries who are receiving TANF benefits and who are exempt from the program's employment requirements; and
- (8) Beneficiaries who are enrolled in HIPP.

(~~db~~) ~~An The automatic~~ exemption in (c) above shall continue for as long as the particular circumstance continues to exist.

(e) A beneficiary who is exempted in (c) above may request to participate voluntarily in the community engagement requirement and shall have access to the services described in He-W 639.

~~He-W 837.06 Request for Exemption. A request for an exemption from the community engagement requirement shall be made by completing and submitting the community engagement exemption request form BFA Form 330 "Exemption Request Form- Granite Advantage Health Care Program" (01/19) along with any required third party verification to the department.~~

He-W 837.057 Attestation and Verification of Request for Exemption; Duration of Exemptions.

(a) All beneficiaries requesting an exemption shall complete, submit, and attest under penalty of unsworn falsification pursuant to RSA 641:3 on BFA Form 330 "Exemption Request Form- Granite Advantage Health Care Program" (01/19) that the information provided to the department in support of the request for an exemption is true to the best of the beneficiary's knowledge and belief.;

“By filing in the circle for an exemption in Section I or II below and signing this form, I attest under penalty of unsworn falsification pursuant to RSA 641:3 that the information provided to the department in support of this request is true to the best of my knowledge and belief.”

(b) Beneficiaries requiring certification by a licensed medical professional in (c) below shall have a licensed medical professional certify on BFA Form 330 “Exemption Request Form – Granite Advantage Health Care Program” (01/19) to the following:

“As a licensed medical professional caring for this beneficiary, I hereby certify (based on the description of the exemptions provided in the instructions to this form) that the beneficiary meets the qualifications for the exemption(s) requested in Section II.”

(cb) In addition to the attestation required in (a) above, bBeneficiaries shall provide the following third party ~~verification certification or documentation~~ to the department for the following exemption types:

(1) For beneficiaries unable to participate due to illness, incapacity, or treatment under ~~He-W 837.04(a)(1) above~~, provide a certification by a medical professional specifying the duration and limitations of the illness, incapacity, or treatment. The duration of the exemption shall be 1 month or the date range specified by the medical professional, whichever is longer;

(2) For beneficiaries participating in a state certified drug court program under ~~He-W 837.04(a)(2) above~~, provide a copy of the court order requiring the person to participate in the drug court program. The duration of this exemption shall be 1 year from the date that the required ~~verification documentation~~ is received;

(3) For a parent or caretaker ~~as identified in RSA 167:82, II(g), where the required care is considered necessary~~ under ~~He-W 837.04(a)(3) above~~, provide a certification by a medical professional that specifies the duration that such care is required. Unless specified otherwise by the medical professional, the duration of this exemption shall be 1 year from the date that the required ~~verification documentation~~ is received;

(4) For a parent or caretaker of a dependent child under 6 years of age under ~~He-W 837.04(a)(4) above~~, provide a self-attestation and the child’s date of birth;

(5) For a custodial parent or caretaker of a child with developmental disabilities- ~~under He-W 837.04 (a)(5) above who is residing with the parent or caretaker~~, provide a certification by a medical professional of the child’s developmental disability. The duration of this exemption shall be for as long as the particular circumstance continues to exist;

(6) For beneficiaries updating pregnancy status with the department, one of the following:

a. Complete and submit the form required in He-W 837.07(a) below;

b. Call the department’s customer service line at 1-844-275-3447 to report the pregnancy;

c. Send a note via United States postal service to the department along with the due date;

d. Complete a change report on nheasy.nh.gov; or

e. Go to the local district office and provide the information in person.

~~(75)~~ For beneficiaries with a disability ~~who are unable to meet the community engagement requirements for reasons related to that disability~~ under ~~He-W 837.04(a)(7) above~~, provide an annual certification by a medical professional of the person's inability to meet the community engagement requirement for reasons related to the disability. The duration of this exemption shall be 1 year from the date that the required ~~verification documentation~~ is received;

~~(86)~~ For persons with an immediate family member in the home with a disability ~~and who is unable to meet the work requirement for reasons related to the disability of that family member~~ under ~~He-W 837.04(a)(8) above~~, a. ~~A~~ provide an annual attestation of the beneficiary's inability to meet the community engagement requirement for reasons related to the disability of ~~their a~~ family member ~~and;~~ b. ~~A~~ an annual certification by the family member's medical professional specifying the family member's disability, ~~;~~ and c. The duration of this exemption shall be 1 year from the date that the required ~~verification documentation~~ is received;

~~(97)~~ For beneficiaries unable to participate due to hospitalization or serious illness under ~~He-W 837.04(a)(9) above~~, provide copies of ~~physician records, hospital records, admission or discharge summaries, or financial or billing information, verifying documenting~~ the hospitalization or serious illness ~~or dates of stay~~. The duration of this exemption shall be 1 month or the date range specified by the medical professional, whichever is longer;

~~(108)~~ For beneficiaries who are unable to participate due to hospitalization or serious illness of an immediate family member ~~under He-W 837.04(a)(10) above~~, provide copies of the family member's ~~physician records, hospital records, admission or discharge summaries, or financial or billing information, verifying documenting~~ the hospitalization or serious illness. The duration of this exemption shall be 1 month or the date range specified by the medical professional, whichever is longer; and

~~(119)~~ For ~~beneficiaries identifying as~~ medically frail ~~beneficiaries under (a)(11) above~~, an annual completion and submission of a. and b. below:

a. ~~Annual completion and submission of~~ BFA Form 320A "Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information- Granite Advantage Health Care Program" (01/19) permitting and authorizing disclosure of protection health information as follows: ~~;~~ and

"I hereby authorize the following licensed medical professional to disclose my protected health information for the purposes described above."

"In addition, I hereby authorize the following specific disclosures (place your initials on the line by those statements which apply)
I specifically authorize the release of my mental health treatment records.
I specifically authorize the release of my HIV and AIDS results and/or treatment.
I specifically authorize the release of my alcohol and/or drug abuse treatment records in accordance with 42 CFR Part 2."

"I give authorization for my protected health information to be released to the following individual or organization:

Name: Granite Advantage Health Care Program Manager
Organization: Department of Health and Human Services
Address: DHHS, Granite Advantage Health Care Program, P.O. Box 3778,
Concord, NH 03302-3778 or Fax # 603-271-5623

I understand this authorization may be revoked by notifying the Department of Health and Human Services in writing to the address above.”

b. ~~Annual certification by a medical professional on~~ BFA Form 331 “Licensed Medical Professional Certification of Medical Frailty” (01/19) indicating that the person is unable to comply with the work and community engagement requirement as a result of their condition including the duration of such disability. The duration of this exemption shall be 1 year from the date that the required ~~verification~~ certification is received. The medical professional shall certify as follows:

“As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified in part III below.”

(~~de~~) To the extent practicable, third party ~~verification~~ certification or -documentation shall be submitted to the department with the community engagement exemption request BFA Form 330 “Exemption Request Form - Granite Advantage Health Care Program” (01/19).

(~~ed~~) A request for an exemption under this section shall not be considered complete until all the required ~~attestation and verification~~ documentation(s) are received by the department.

~~(e) Upon the expiration of an exemption, a beneficiary shall be entitled to the notice period provided for in He-W 837.16 before they are required to meet the 100-hour community engagement requirement.~~

He-W 837.068 Qualifying Activities Meeting the Community Engagement Activities Requirement. (~~a~~) ~~The following activities shall qualify as activities for the community engagement requirement: In order to maintain eligibility, beneficiaries who are not exempt under He-W 837.04 and He-W 837.05, shall participate for at least 100 hours per calendar month in one or more of the following qualifying community engagement activities:~~

- (~~a~~1) Unsubsidized employment including by non-profit organizations;
- (~~b~~2) Subsidized private sector employment;
- (~~c~~3) Subsidized public sector employment;
- (~~d~~4) On the job training;
- (~~e~~5) Job skills training related to employment;
- (~~6~~f) Enrollment at an accredited community college, college or university ~~in New Hampshire~~ that is counted on a credit hour basis;
- (~~g~~7) Job search and job readiness assistance, including but not limited to participation in job search or job training activities offered through the department of employment security or through other job search or job readiness assistance program such as Workforce Innovation and Opportunity Act (WIOA) or work ready New Hampshire;

a. Time spent in any assessment, training, enrollment or case management activity that is necessary for participation under this section shall be credited as job search and job readiness assistance hours;

(~~h~~8) Vocational educational training not to exceed 12 months with respect to any beneficiary;

(~~i~~9) Education directly related to employment, in the case of a beneficiary who has not received a high school diploma or certificate of high school equivalency;

(~~j~~10) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a beneficiary who has not completed secondary school or received such a certificate;

(~~k~~11) Community service or public service except that community service or public service under this section shall not include services provided to or on behalf of a political organization or campaign;

(~~l~~12) Caregiving services for a non-dependent relative or other person with a disabling medical mental health or developmental condition;

(~~m~~13) Participation in ASAM Level 1 outpatient ~~SUD~~substance use disorder services, including medication assisted treatment, and recovery supports, as set forth in ASAM Criteria (2013);

(~~n~~14) Participation in and compliance with SNAP employment requirements;

(~~o~~15) Participation in and compliance with the TANF employment requirements; or

(~~p~~16) Participation in and compliance with the employment requirements of the refugee resettlement program pursuant to 45 CFR 400.75.

He-W 837.079 ~~Verification Reporting~~ of Community Engagement Activities and Crediting of Hours.

(a) The following types of community engagement activities shall be reported on BFA Form 321 "Reporting Education Participation in Qualifying Community Engagement Activities – Granite Advantage Health Care Program" (01/19):

(1) For job skills training related to employment under He-W 837.06(e), the beneficiary shall provide documentation of enrollment that includes the duration and the number of hours the beneficiary is participating in the activity;

(2) For enrollment at an accredited community college under He-W 837.06(f), the beneficiary shall provide documentation of enrollment that includes a copy of the beneficiary's class schedule, the number of credit hours assigned for the enrolled class(es) and the semester begin and end date.

a. The number of community engagement hours to be credited toward the community engagement requirement each month shall be determined by multiplying the number of credit hours assigned for the enrolled class(es) by 4.33;

(3) For vocational educational training under He-W 837.06(h), the beneficiary shall provide documentation of enrollment that includes the duration of the activity and a copy of the

beneficiary's enrollment in the program. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the activity not to exceed 12 months;

(4) For education directly related to employment under He-W 837.06(i), the beneficiary shall provide documentation of enrollment that includes the duration of the activity. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the activity; and

(5) For study leading to a certificate of general equivalence under He-W 837.06(j), the beneficiary shall provide documentation of enrollment that includes the duration of the activity. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the activity;

(ba) The following types of cCommunity engagement activities shall be verified-reported on BFA Form 320 "Reporting Monthly Participation in Qualifying Community Engagement Activities - Granite Advantage Health Care Program" (01/19), and the hours reported shall be credited toward the community engagement requirement as follows:

~~(1) For employment activities in He-W 837.08 (a) 1-4 above, employment information gathered during the application process or otherwise known to the department shall be used to determine a beneficiary's average monthly employment hours and shall be credited towards the community engagement requirement.~~

~~a. A temporary increase in monthly employment hours for seasonal or other work above the beneficiary's average monthly employment hours shall be reported as extra employment hours under He-W 837.15(a)(11).~~

~~b. A beneficiary shall report within 10 calendar days any increase or decrease in average monthly employment hours that will continue for more than one month or that will affect any other benefits the beneficiary is receiving pursuant to He-W 803.03 and He-W 603.03;~~

~~(2) For job skills training related to employment under He-W 837.08(a)(7), documentation of enrollment that includes the duration and the number of hours the beneficiary is participating in the activity;~~

~~(3) For enrollment at an accredited community college or university that is counted on a credit hour basis, documentation of enrollment that includes a copy of the beneficiary's class schedule, the number of credit hours assigned for the enrolled class(es) and the semester begin and end date.~~

~~a. The number of community engagement hours to be credited toward the community engagement requirement each month shall be determined by multiplying the number of credit hours assigned for the enrolled class(es) by 4.33;~~

(14) For time spent participating in job search and job readiness efforts under He-W 837.06(g), the beneficiary shall report monthly attestation of the type, and duration of the activity, and total number of hours per month shall be reported on BFA Form XXX

~~“Reporting Qualifying Community Engagement Activities—Granite Advantage Health Care Program” (01/19);~~

~~(5) For vocational educational training under He-W 837.08(a)(8), documentation of enrollment that includes the duration of the activity. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary’s verified participation in the activity not to exceed 12 months;~~

~~(6) For education directly related to employment, in the case of a beneficiary who has not received a high school diploma or certificate of high school equivalency under He-W 837.08(a)(9), documentation of enrollment that includes the duration of the activity. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary’s verified participation in the activity;~~

~~(7) For satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence under He-W 837.08(a)(10), documentation of enrollment that includes the duration of the activity. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary’s verified participation in the activity;~~

~~(28) For community service or public service under He-W 837.068(k)a(11), attestation the beneficiary shall report of where and when the community or public service was performed, and the number of hours worked, and the ~~on BFA Form XXX “Reporting Qualifying Community Engagement Activities—Granite Advantage Health Care Program” (01/19). The attestation shall include~~ contact information for the community service or public service agency;~~

~~(39) For caregiving services for a non-dependent relative or other person with a disabling medical mental health or developmental condition under He-W 837.06(l), attestation the beneficiary shall report the name and contact information for the non-dependent relative or other person cared for, a description of by the beneficiary as to the services provided, including the name of the non-dependent relative or other person with a disabling condition and the number of hours of caregiving services provided; and~~

~~(410) For participation in ASAM Level 1, as set forth in ASAM Criteria (2013), outpatient SUD substance use disorder services, under He-W 837.06(m), the beneficiary shall including medication assisted treatment, and recovery supports, attestation report the name of the agency or organization the services were received from, and of the number of hours that the beneficiary participated in the services up to 40 hours per month;~~

~~(11) For system verified participation in and compliance with SNAP employment requirements, community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary’s verified participation in the program;~~

~~(12) For system verified participation in and compliance with TANF employment requirements, community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary’s verified participation in the program; and~~

~~(13) For participation in and compliance with the employment requirements of the refugee resettlement program pursuant to 45 CFR 400.75, systemic verification of legal status and enrollment in the program. Community engagement hours shall be credited at 100 hours per month for 12 months from the date of the beneficiary’s entry into the United States.~~

(c) The following types of community engagement activities shall be credited as follows if the activity is verified by the department's eligibility system(s):

(1) For system verified participation in and compliance with SNAP employment requirements, community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the program;

(2) For system verified participation in and compliance with TANF employment requirements, community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the program;

(3) For participation in and compliance with the employment requirements of the refugee resettlement program pursuant to 45 CFR 400.75, systemic verification of legal status and enrollment in the program. Community engagement hours shall be credited at 100 hours per month for 12 months from the date of the beneficiary's entry into the United States; and

(4) Employment information gathered during the granite advantage or medicaid eligibility or redetermination application process or in the department's eligibility system(s) shall be used to determine a beneficiary's average monthly employment hours and shall be credited towards the community engagement requirement for employment activities listed in He-W 837.06(a)-(d).

a. A temporary increase in monthly employment hours for seasonal or other work above the beneficiary's average monthly employment hours shall be reported as extra employment hours for purposes of reporting increased qualifying activities; and

b. Beneficiary shall report within 10 calendar days any increase or decrease in average monthly employment hours that will continue for more than one month or that will affect any other benefits the beneficiary is receiving pursuant to He-W 803.03 and He-W 603.03

He-W 837.~~0810~~ Beneficiaries with Disabilities: Reasonable Modification.

(a) A beneficiary with a disability shall be entitled to reasonable modifications related to meeting the community engagement requirements.

(b) Reasonable modifications ~~shall~~may include:

~~(1) Exemption from participation where a beneficiary is unable to participate for disability-related reasons;~~

~~(12) Modification in the number of hours of participation required where the beneficiary is unable to participate for the otherwise required number of hours; or~~

~~(3) Support services necessary to participate, where participation is possible with supports and the department has appropriated and available funding for this purpose.~~

(2) Assistance with understanding the granite advantage program to include, but not limited to, departmental notices, eligibility requirements, exemption requirements, how to apply for an ADA exemption, program benefits, how to establish eligibility, and how to meet and report community engagement activities to maintain eligibility.

~~He-W 837.0911 Opportunity to Cure Noncompliance and Suspension of Eligibility.~~

~~(a) If a beneficiary fails to meet the required community engagement hours, the department beneficiary shall satisfy the community engagement requirement by making up the deficit hours for the month that resulted in noncompliance by doing one of the following: shall provide written notice to the beneficiary that their medicaid eligibility shall be suspended at the end of the following month unless the beneficiary:~~

~~(1) Curing the deficit hours by engaging in the activities listed in He-W 837.06 above in the following month for only the number of deficit hours for the noncompliant month. For example, a beneficiary engaged in 60 hours of community engagement activities in January, resulting in a 40-hour deficit. The beneficiary must only complete 40 hours of community engagement activities in February to cure January. In March, the beneficiary would have to complete 60 hours of activities to cure February. If the beneficiary worked 100 hours in March, February is cured and March's community engagement hours are met. At no time is a beneficiary required to work more than 100 hours.Satisfies the community engagement requirement by making up the deficit hours for the month that resulted in noncompliance;~~

~~(2) Demonstrating good cause for the failure to meet the community engagement requirement in the noncompliant month as described in He-W 837.11; or~~

~~(3) Providing ~~verification~~ documentation of an exemption pursuant to He-W 837.05. status; or~~

~~(4) Appeals the suspension pursuant to He-W 837.22.~~

~~(b) Within 10 days following the first month of noncompliance, the department shall provide written notice to the beneficiary of failure to meet the community engagement requirement to include:~~

~~(1) How a beneficiary can cure the noncompliance as described in (a)(1) above; and~~

~~(2) Information regarding potential suspension pursuant to He-W 837.10 below.~~

~~He-W 837.10 Suspension for Noncompliance.~~

~~(a) If a beneficiary does not cure the deficit hours as described in He-W 837.09(a)(1), the department shall suspend the beneficiary's eligibility effective the first of the month following the one-month opportunity to cure.~~

~~(b) Within 10 days following the failure to cure in the one-month opportunity to cure, the department shall provide written notice to the beneficiary that his or her medicaid eligibility shall be suspended due to noncompliance, and shall include all applicable notice requirements found in 42 CFR 431, Subpart E.~~

~~(c) The suspension shall remain in effect until the beneficiary reactivates eligibility by:~~

~~(1) Satisfying within a single calendar month the deficit hours that resulted in noncompliance;~~

~~(2) Demonstrating good cause for the failure to meet the community engagement requirement in the noncompliant month;~~

(3) Providing documentation of an exemption pursuant to He-W 837.05; or

(4) Becoming eligible for Medicaid under an eligibility category that is not subject to the community engagement requirement.

(d) Reactivation shall be effective on the date that the deficit hours are reported to the department or the date the department receives the required attestation or third party certification or documentation to establish good cause or an exemption.

(e) Upon reactivation in (d) above, a beneficiary's obligation to meet the community engagement requirement shall begin on the first full month following the month in which the beneficiary's eligibility is reactivated.

(f) The deficit hours that are made up in the immediately following month for the month that resulted in noncompliance shall also be credited toward the community engagement requirement for the current month in which the hours are earned. For example, January, a beneficiary, who has no good cause or exemption, works 0 hours. In February, that same beneficiary works 40 hours. This would result in suspension of coverage in March. If the beneficiary works 60 hours in March, the 60 hours in March are added to the 40 hours of February to achieve cure. February is then cured, the suspension would be lifted, and reactivation would result in accordance with (d) above.

(g) A beneficiary may reactivate eligibility prior to the redetermination date without having to complete a new medicaid application.

He-W 837.112 Good Cause for Noncompliance With Community Engagement Requirement.

(a) The department shall not suspend eligibility if ~~the a~~ beneficiary, ~~who~~ failed to meet the community engagement ~~hours requirement; qualifies for a~~ good cause, ~~to excuse that failure due to a circumstance that occurred in the month in which the beneficiary failed to meet their required community engagement hours and sufficient good cause hours are credited toward the community engagement requirement pursuant to He-W 837.15 below to make up the deficit hours.~~

(b) Good cause shall include, but ~~is~~ be not limited to, the following ~~verified~~ circumstances:

(1) The beneficiary experiences the birth or death of a family member residing with the beneficiary;

(2) The beneficiary experiences severe inclement weather, including a natural disaster, and was unable to meet the requirement;

(3) The beneficiary has a family emergency or other life-changing event such as divorce;

(4) The beneficiary is a victim of domestic violence, dating violence, sexual assault or stalking consistent with definitions and documentation required under the Violence Against Women Reauthorization Act of 2013 under 24 CFR section 5.2005 and 24 CFR section 5.2009;

(5) The beneficiary is a custodial parent or caretaker of a child 6 to 12 years of age who, as determined by the commissioner on a monthly basis, is unable to secure child care in order to participate in qualifying community engagement either due to a lack of child care scholarship

or the inability to obtain a child care provider due to capacity, distance, or another related factor;

(6) The beneficiary has a disability, is voluntarily participating in the community engagement requirement, and was unable to meet the requirement for reasons related to that disability, ~~but was not exempted from community engagement requirements~~;

(7) The beneficiary resides with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, but was not exempted from community engagement requirements;

(8) The beneficiary experienced a hospitalization or serious illness, but did not request an exemption~~was not exempted~~ from community engagement requirements;

(9) The beneficiary resides with an immediate family member who experienced a hospitalization or serious illness, but the beneficiary was ~~not~~did not request an exemption from community engagement requirements;

(10) The beneficiary is homeless or unable to find stable housing; or

(11) Other good cause such as a circumstance beyond the beneficiary's control which related to the beneficiary's ability to obtain or retain a qualifying community engagement activity for noncompliance with the community engagement requirement due to circumstances beyond the beneficiary's control including a temporary increase in monthly employment hours for seasonal or other work that is above the beneficiary's average monthly employment hours as determined in He-W 837.15(a)(11)(b). The reporting of additional employment hours as good cause under this section shall be limited to 2 consecutive months.

He-W 837.13 Requesting Good Cause for Noncompliance With the Community Engagement Requirement.

(c) All beneficiaries~~A~~ requesting ~~for~~ good cause for noncompliance with the community engagement requirement shall complete, submit, and attest under the penalty of unsworn falsification pursuant to RSA 641:3 on be made by completing and submitting BFA Form 340 "Good Cause Request Form- Granite Advantage Health Care Program" (01/19) along with any required third party ~~verification~~certification(s) to the department as follows:-

"By filling in the circle for good cause and signing the form, I attest under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided to the department in support of this request is true to the best of my knowledge and belief."

(d) Beneficiaries requiring certification by medical professional certification for good cause in (e) below shall have the medical professional certify on BFA Form 340 "Good Cause Request Form – Granite Advantage Health Care Program" (01/19) as follows:

"A showing of good cause for "ADA disability" or "Caretaker residing with immediate family member with ADA disability" requires certification by a licensed medical professional. As a licensed medical professional caring for this beneficiary or for a beneficiary's family member with a disability, I hereby certify that: The beneficiary is disabled and unable to meet the community engagement requirement for reasons related to their disability; or the family member identified above is disabled."

~~He-W 837.14 Attestation and Verification of Request for Good Cause.~~

~~(a) All attestations and verifications under this section shall be on or included with BFA Form 340 "Good Cause Request Form Granite Advantage Health Care Program" (01/19) and under penalty of unsworn falsification pursuant to RSA 641:3.~~

(eb) A beneficiary's request for good cause shall be attested to and ~~verified~~ certified as follows:

(1) For a beneficiary who experiences the birth or death of a family member residing with the beneficiary, attestation by the beneficiary of the event to include the name of the family member, the date of the event the family member's relationship to the beneficiary, and the number of days impacted;

(2) For a beneficiary who experiences severe inclement weather, including a natural disaster, and therefore was unable to meet the requirement, attestation by the beneficiary of the date(s) of the severe inclement weather or natural disaster and the number of days impacted;

(3) For a beneficiary who has a family emergency or other life-changing event such as divorce, attestation by the beneficiary of the nature of the family emergency or life-changing event to include the date(s) and the number of days that the beneficiary was unable to participate due to the circumstance;

(4) For a beneficiary who is a victim of domestic violence, dating violence, sexual assault, or stalking, documentation of the date range specified in the court order or the number of days impacted and:

a. A copy of a court order which indicates the beneficiary was the victim of domestic violence, dating violence, sexual assault or stalking; or

b. Self-attestation of domestic violence, dating violence, sexual assault or stalking in accordance with the Violence Against Women Reauthorization Act of 2013 under 24 CFR section 5.2005 and 24 CFR section 5.2009; ~~and~~

~~c. The date range specified in the court order or the number of days impacted;~~

~~(5) For custodial parents a beneficiaras described in (b)(5) above, who is a custodial parent or caretaker of a child 6 to 12 years of age who, as determined by the commissioner, is unable to secure child care in order to participate in qualifying community engagement either due to a lack of child care scholarship or the inability to obtain a child care provider due to capacity, distance, or another related factor. A beneficiary shall provide a monthly attestation by the beneficiary of the inability to secure child care and the number of days impacted;~~

(6) For a beneficiary who has a disability, is voluntarily participating in the community engagement requirement, and was unable to meet the requirement for reasons related to that disability, ~~but was not exempted from community engagement requirements~~ the following shall be required:

a. Attestation by the beneficiary that the beneficiary was unable to meet the community engagement requirement for reasons related to the disability; and

b. ~~The Certification described in (d) above by a medical professional of the beneficiary's inability to meet the community engagement requirement for reasons related to the disability;~~

(7) For a beneficiary who resides with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, but ~~was did~~ not request an exemption from the community engagement requirements, the following shall be required:

a. Attestation by the beneficiary of the number of days the beneficiary was unable to meet the community engagement requirement for reasons related to that disability; and

b. ~~Certification by the family member's medical professional specifying the family member's disability and the duration, if known~~ The certification described in (d) above;

(8) For a beneficiary who experienced a hospitalization or serious illness, but ~~was not~~ did not request an exemption from community engagement requirements, ~~;~~ attestation of the number of days of the hospitalization or serious illness and copies of the ~~beneficiary's physician, hospital discharge summaries, or financial or billing information, or other medical records~~ that would substantiate the hospitalization or serious illness;

(9) For a beneficiary who resides with an immediate family member who experienced a hospitalization or serious illness, but the beneficiary ~~was did~~ not request an exemption from community engagement requirements, the following shall be required:

a. Attestation by the beneficiary of the number of days of the hospitalization or serious illness; and

b. Copies of the family member's discharge summary, or financial or billing information, physician, hospital or other medical records that would substantiate the hospitalization or serious illness; ~~or~~

(10) For a beneficiary who is homeless or unable to find stable housing, attestation by the beneficiary of the beneficiary's homelessness or inability to find stable housing; or circumstance.

(11) For a beneficiary to claim other good cause under He-W 837.11(b)(11), attestation by the beneficiary of the circumstance beyond the beneficiary's control which relate to the beneficiary's ability to obtain or retain a qualifying activity to participate in;

~~(fe)~~ A request for a finding of good cause under this section shall not be approved ~~until~~ unless the required attestation and ~~verifications certification~~ are received by the department.

(g) The department shall use the documentation received to determine if the community engagement requirement would have been met if not for the good cause.

He-W 837.125 Crediting a Finding of Good Cause Toward the Required Community Engagement Hours.

(a) A finding of good cause shall be credited toward the monthly community engagement requirement as follows:

- (1) For a beneficiary who experiences the birth or death of a family member residing with the beneficiary, ~~self attestation of the number of hours that the beneficiary was unable to complete due to the circumstance at 8 hours per day~~ for each day the beneficiary attested being unable to participate;
- (2) For a beneficiary who experiences severe inclement weather including a natural disaster, ~~self attestation of the number of days the beneficiary was unable to participate due to the circumstance at 8 hours per day~~ for each day the beneficiary attested being unable to participate;
- (3) For a beneficiary who has a family emergency or other life changing event such as divorce, ~~self attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day~~ for each day the beneficiary attested being unable to participate;
- (4) For a beneficiary who is a victim of domestic violence, dating violence, sexual assault or stalking, ~~the date range specified in the court order or self attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day~~ for each day the beneficiary attested being unable to participate or the date range specified in the court order;
- (5) For a beneficiary who is a custodial parent or caretaker of a child 6 to 12 years of age who is unable to secure child care in order to participate in qualifying community engagement, ~~self attestation of the number of hours the beneficiary was unable to complete due to the circumstance at 8 hours per day~~ for each day the beneficiary attested being unable to participate;
- (6) For a beneficiary with a disability who was unable to meet the requirement for reasons related to that disability, ~~the date range specified by the beneficiary's medical professional at 8 hours per day or if no date range is indicated, for each day the beneficiary was unable to participate, or, if no date range is indicated, 100 hours~~ perfor one month for each month the beneficiary was unable to participate;
- (7) For a beneficiary residing with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, ~~the date range specified by the family member's medical professional at 8 hours per day or if no date range is indicated, 8 hours a day~~ for each day the beneficiary was unable to participate, or, if no date range is indicated, 100 hours ~~perfor one month~~ for each month the beneficiary was unable to participate;
- (8) For a beneficiary who experiences a hospitalization or serious illness, but was not exempted from the community engagement requirement:
 - a. For inpatient hospitalization, 100 hours ~~perfor one month~~ for each month the beneficiary was unable to participate; or
 - b. For outpatient hospitalization or serious illness, ~~the date range specified by the beneficiary's medical professional at 8 hours per day, for each day the beneficiary was unable to participate as documented through self-attestation or certification by a medical professional or if no date range is indicated attestation of the number of hours at 8 hours per day~~;

(9) For a beneficiary who resides with an immediate family member who experienced a hospitalization or serious illness, but the beneficiary was not exempted from the community engagement requirement:

a. For inpatient hospitalization, ~~attestation of the number of days the beneficiary was unable to complete due to the circumstance, at 8 hours per day for each day the beneficiary attested being unable to participate;~~ or

b. For outpatient hospitalization or serious illness, ~~the date range specified by the family member's medical professional at 8 hours per day for each day the beneficiary was unable to participate as documented through self-attestation or certification by a medical professional or if no date range is indicated, self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day;~~

(10) For a beneficiary who is homeless or unable to find stable housing, ~~attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day for each day the beneficiary attested being unable to participate;~~

(11) For other good cause, ~~a. Attestation on BFA Form 340 "Good Cause Request Form Granite Advantage Health Care Program" (01/19) of the circumstance beyond the beneficiary's control which relate to the beneficiary's ability to obtain or retain a qualifying activity to participate in, and Tthe number of hours the beneficiary was unable to complete at 8 hours per day for each day the beneficiary attested being unable to participate; or~~

b. ~~For the reporting of extra employment hours as good cause pursuant to He-W 837.12(b)(11)(a)(1)(b); the number of extra employment hours that the beneficiary is reporting for the month. The reporting of additional employment hours as good cause under this section shall be limited to 2 consecutive months and shall be attested to on BFA Form 340 "Good Cause Request Form Granite Advantage Health Care Program" (01/19).~~

~~(b) If the beneficiary's good cause did not cover the number of deficit hours in that month, the beneficiary shall be determined noncompliant for the month, resulting in the beneficiary's responsibility to cure as required in He-W 837.09(a)(1).~~

~~(c) For the reporting of extra employment hours due to a temporary increase in monthly employment hours for seasonal or other work that is above the beneficiary's average monthly employment hours, the reporting of additional hours shall be limited to 2 consecutive months.~~

~~He-W 837.16 Notice Period:~~

~~(a) A beneficiary shall have 75 calendar days beginning on the date of their eligibility determination to begin to meet the community engagement hour requirement.~~

~~(b) Beneficiaries must begin to meet the community engagement requirement beginning with the first full month following any applicable 75-day notice period.~~

~~(c) Upon the expiration of an exemption, a beneficiary shall have the 75-day notice period before they are required to meet the 100-hour community engagement requirement.~~

~~He-W 837.17 Suspension and Opportunity to Cure.~~

~~(a) A beneficiary who is noncompliant with the community engagement requirement in a month shall be suspended at the end of the following month unless the beneficiary cures the noncompliance by:~~

- ~~(1) Satisfying the community engagement requirement by making up the deficit hours for the month that resulted in noncompliance;~~
- ~~(2) Demonstrating good cause for the failure to meet the community engagement requirement in the noncompliant month; or~~
- ~~(3) Providing verification of an exemption status.~~

~~(b) If a beneficiary fails to make up the deficit hours for the month that resulted in noncompliance or fails to demonstrate good cause or an exemption status, the department shall suspend the beneficiary's eligibility effective the first of the month following the one-month opportunity to cure.~~

~~(c) The suspension shall remain in effect until the beneficiary reinstates eligibility by:~~

- ~~(1) Satisfying within a single calendar month the deficiency in community engagement hours that resulted in noncompliance;~~
- ~~(2) Demonstrating good cause for the failure to meet the community engagement requirement in the noncompliant month;~~
- ~~(3) Meeting the qualifications for an exemption; or~~

~~(4) Becoming eligible for medicaid under an eligibility category that is not subject to the community engagement requirement.~~

~~(d) Reinstatement shall be effective as of the date that the deficit hours are reported to the department or the date the department receives the required attestation or third party verification to establish good cause or an exemption.~~

~~(e) Upon reinstatement in (d) above, a beneficiary's obligation to report community engagement hours shall restart on the 1st of the month following the month in which the beneficiary's eligibility is reinstated.~~

~~(f) The deficit hours that are made up in the immediately following month for the month that resulted in noncompliance shall also be credited toward the community engagement requirement for the current month in which the hours are earned.~~

~~(g) A beneficiary may reinstate eligibility prior to their redetermination date without having to complete a new application.~~

He-W 837.138 Limitation on the Repeated Consecutive Use of Curing to Meet the Community Engagement Requirement.

~~(a) The repeated consecutive use of curing to meet the 100-hour community engagement requirement shall be prohibited.~~

(~~ab~~) Beginning May 1, 2020, a beneficiary who engages in the repeated consecutive use of cure for 12 months immediately prior to redetermination, ~~or in a consecutive pattern of noncompliance followed by compliance and cure for 12 months immediately prior to redetermination in order to avoid the 100-hour community engagement requirement,~~ shall be suspended at redetermination.

(~~be~~) ~~Following suspension in (a) above, a~~ beneficiary may ~~reinstate-reactivate~~ eligibility under this section by providing 100 hours of community engagement within a single calendar month.

(~~ce~~) ~~Reinstatement-Reactivation~~ shall be effective ~~as-on of~~ the date the 100 community engagement hours are reported to the department.

(~~de~~) After, ~~reinstatement- reactivation~~ in (d) above, a beneficiary's participation start date shall be the 1st of the month following the month in which the beneficiary's eligibility is ~~reinstatedreactivated~~.

He-W 837.149 Extra Hours. A beneficiary shall not be permitted to carry-over hours in excess of the 100-hour requirement in order to satisfy the community engagement requirement.

He-W 837.1520 Disenrollment and Reconsideration.

(a) A beneficiary who is suspended for noncompliance with the community engagement requirement, and fails to cure that suspension during redetermination, shall be dis-enrolled from granite advantage.

(~~b~~) A ~~suspended-dis-enrolled~~ beneficiary ~~subject to disenrollment~~ shall be re-enrolled as follows:

- (1) Within 90 days of disenrollment, a beneficiary may return to granite advantage by providing 100 hours of community engagement within a single calendar month;
- (2) Upon the department's receipt of the reported 100 hours in (b)(1) above, the beneficiary eligibility shall be reopened as of the date that the hours are reported to the department; and
- (3) The beneficiary's participation start date shall be the 1st of the month ~~thereafter~~ following the report in (b)(2) above.

(~~cb~~) A beneficiary who is compliant with the community engagement requirement at redetermination but whose eligibility is terminated at redetermination for other reasons may, within 90 days of disenrollment, return to granite advantage by:

- (1) Satisfying any outstanding medicaid redetermination requirements pursuant to 42 CFR 435.119, 42 CFR 435.916, He-W 606, and He-W 684;
- (2) Upon satisfying any outstanding redetermination requirements, the beneficiary's eligibility shall be ~~reinstated-reactivated~~ to the date of closure; and
- (3) The beneficiary shall resume the reporting of community engagement hours the 1st of the month following the month that the outstanding redetermination requirements are met.

He-W 837.1624 Re-Application.

(a) A beneficiary may reapply for medicaid at any time after disenrollment.

(~~b~~) If a beneficiary reapplies, T~~and~~ the following shall apply:

(1) A beneficiary who was dis-enrolled at redetermination and who reapplies after 90 days, but within 6 months and is determined eligible, shall begin to report community engagement hours on the 1st of the month following the month in which the application is filed;

(2) A beneficiary who was dis-enrolled at re-determination and who re-applies 6 or more months thereafter and is determined eligible, shall in accordance with He-W 837.03+6 have until the first full month following 75 calendar days from the date of their eligibility determination before they are required to meet the 100-hour community engagement requirement; and

(3) For purposes of this section, the 6-month period shall be calculated using 182 days (365/2 rounded down).

He-W 837.1722 Screening for Other Bases of Medicaid Eligibility Prior to Termination, Disenrollment or Denial of Eligibility. Termination, disenrollment, or denial of eligibility shall only occur after a beneficiary is screened and determined to be ineligible for all other bases of medicaid eligibility and reviewed for eligibility for insurance affordability programs in accordance with 42 CFR 435.916(f).

He-W 837.1823 Appeals.

(a) A beneficiary may appeal the department's decision to deny an exemption under He-W 837.04, ~~to deny~~ing a request for good cause under, or ~~to suspend~~ing, deny~~ing~~, or terminat~~ing~~e the beneficiary's eligibility for failing to meet the community engagement requirement under He-W 837.03 by filing a request for an appeal with the department's administrative appeals unit in accordance with He-C 200.

(b) The department shall ~~continue not suspend, deny, or terminate~~ the beneficiary's eligibility under (a) above after if an adverse eligibility determination is made when the beneficiary:

(1) Submits a hearing request to the local district office within 30 days from the date on the written notice of adverse decision; and

(2) Submits a request to the local district office for a continuation of benefits during the appeal process within 15 days of the date on the written notice of adverse decision.

~~He-W 837.23 Acknowledgement. All beneficiaries shall execute an acknowledgement at enrollment that granite advantage is subject to cancellation upon notice.~~

He-W 837.1924 Other Department Obligations Assessment of Compliance Rates in Labor Market Areas and Additional Mitigation Strategies.

(a) ~~The~~ department shall periodically assess compliance with the community engagement requirement rates under the rule in labor market areas, within the state, to assess whether mitigation strategies are needed so that the community engagement requirement is not unreasonably burdensome. The department shall examine the following:

~~(1)~~ Areas that experience high rates of unemployment;

~~(2)~~ Aareas with limited economies and educational opportunities; and

~~(3) Areas with a lack of public transportation, to determine whether additional mitigation strategies are needed so that the community engagement requirements will not be unreasonably burdensome for beneficiaries to meet.~~

~~He-W 837.25 Information and Assistance to Beneficiaries.~~ (b) The department shall provide information and assistance to beneficiaries, including information on community engagement activities, exemptions from participation in the community engagement requirement, good cause exemptions, and the opportunity to cure to facilitate beneficiaries' compliance with the program's community engagement requirement.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-W 837.04(a)(1)a.	ASAM Criteria: Treatment Criteria for Substance-Related, Addictive, and Co-Occurring Conditions, 3 rd edition (2013)	<p>Publisher: American Society of Addiction Medicine (ASAM).</p> <p>The ASAM Criteria (2013) can be purchased online through the ASAM website at: http://www.asamcriteria.org/.</p> <p>Cost = \$95 (non-members) or \$85 (members). Discounts are available for large purchases.</p>

APPENDIX B

Rule Section	Statute Implemented
He-W 837.01	RSA 126-AA; 42 U.S.C. §12101 et seq.; Pub. L. No. 93-112; Pub. L. 111-148; 42 CFR 435.916
He- W 837.02	42 CFR 435.603(a)-(h)
He- W 837.03	RSA 126-AA
He W 837.04	RSA 126-AA; RSA 167:82,II(g); 42 CFR 435.4; 42 CFR 440.315(f)
He- W 837.05	RSA 126-AA; RSA 167:3-i; RSA 167:6, IV-VI; RSA 167:3-e; RSA 167:3-f; 42 U.S.C.1396a§1902(a)(10)(A)(ii)(XV) ; 42 CFR 435.4; 42 CFR 435.121; 42 U.S.C. 1396a§1902(e)-(f) ; 42 U.S.C. 1396n§1915(e) ; 42 U.S.C. Chapter 7; 42 U.S.C. 1381 et seq.
He- W 837.06	RSA 126-AA
He- W 837.07	RSA 126-AA; RSA 641:3; RSA 167:82,II(g)
He- W 837.08	RSA 126-AA; 45 CFR 475
He- W 837.09	RSA 126-AA; 45 CFR 400.75
He- W 837.10	RSA 126-AA; 42 U.S.C. §12101 et seq.
He- W 837.11	RSA 126-AA
He- W 837.12	RSA 126-AA; 24 CFR 5.2005; 24 CFR 5.2009
He-W 837.13	RSA 126-AA
He-W 837.14	RSA 126-AA; 24 CFR 5.2005; 24 CFR 5.2009
He-W 837.15	RSA 126-AA
He-W 837.16	RSA 126-AA; 42 CFR 435.916(f)
He-W 837.17	RSA 126-AA
He-W 837.18	RSA 126-AA
He-W 837.19	RSA 126-AA
He-W 837.20	RSA 126-AA
He-W 837.21	RSA 126-AA
He-W 837.22	RSA 126-AA; 42 CFR 435.916(f)
He-W 837.23	RSA 126-AA
He-W 837.24	RSA 126-AA

~~He W 837.25~~

~~RSA 126-AA~~

NH Department of Health and Human Services
 Granite Advantage Health Care Program
 P.O. Box 3778, Attn: Granite Advantage Health Care Program Manager
 Concord, NH 03302-3778
 Fax (603) 271-5623

Reporting Monthly Participation in Qualifying Community Engagement Activities

Granite Advantage Health Care Program

Use this form to report your monthly participation in one or more of the community engagement activities listed below. **DETAILED INSTRUCTIONS ARE ON THE BACK OF THIS FORM.** Please print all information in the spaces provided.

Name:

Last	First

Medicaid

--

 ID#:

I attest, under penalty of unsworn falsification pursuant to RSA 641:3, that I participated in the qualifying community engagement activitie(s) indicated below for the hours stated and that all of the information that I have provided to the department is true to the best of my knowledge and belief.

 Beneficiary Signature _____
 Date

FOR THE MONTH OF (MM/YYYY): _____

	Qualifying Community Engagement Activities	Total Hours Per Month
O	Job Search and Job Readiness Enter total hours here →	
	Please list the job search/job readiness activities that you participated in during the month and the number of hours for each activity. Enter the total number of hours for the month above.	

○	Community Service or Public Service (Volunteer) Enter total hours here →	
	Please list the agency name, contact person, contact information (phone or email), date(s) and number of hours that you worked for each place where you volunteered or provided community or public service during the month. Enter the total number of hours for the month above.	

○	Caregiver Services For a Non-Dependent Relative or Other Person With a Disabling Condition Enter total hours here →	
	Please provide the name and contact information (phone or email) for the non-dependent relative or other person with a disabling condition for whom you provided caregiver services. Please describe the caregiver services that you provided and indicate the number of hours that these services were provided during the month. Enter the total number of hours for the month above.	
○	Participation in Outpatient Substance Use Disorder Services Enter total hours here →	
	Please identify the agency or organization where you are receiving services and the number of hours not exceeding 40 hours, that you participated in those services during the month. Enter the total number of hours for the month above.	

Instructions for Completing the Form

1. Complete your beneficiary information and sign and date the top section of the form.
2. After reviewing the descriptions of qualifying community engagement activities below, fill in the circle in the far-left column of the row which applies to the qualifying community engagement activity that you are reporting.
3. Enter the total number of hours for the month in the far right column of the row which applies to the qualifying community engagement activity that you are reporting.
4. You **MUST** return this form to the Department of Health and Human Services either in person, by mail at the address on the top of the first page, by fax to (603) 271-5623, or by submitting the form through NH EASY. The form can be submitted to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form.

Descriptions of Qualifying Community Engagement Activities

<p>Job Search and Job Readiness</p>	<p>This activity includes but is not limited to participation in job search or job training activities offered through the Department of Employment Security or through other job search or job readiness assistance program such as Workforce Innovation and Opportunity Act (WIOA) or Work Ready New Hampshire. Time spent in any assessment, training, enrollment or case management activity that is necessary for participation in this activity is credited toward job search and job readiness assistance hours. Attestation must include the type and duration of the activity.</p>
<p>Community Service or Public Service (Volunteer)</p>	<p>This activity requires attestation of where and when the community or public service was performed and the number of hours worked. The attestation must include contact information for the community service or public service agency.</p>
<p>Caregiver Services For a Non-Dependent Relative or Other Person With a Disabling Condition</p>	<p>This activity is for caregiving services provided to a non-dependent relative or other person with a disabling medical, mental health or developmental condition. It requires attestation by the beneficiary as to the services provided including the name of the non-dependent relative or other person with a disabling condition and the number of hours of caregiving services provided.</p>
<p>Participation in Outpatient Substance Use Disorder Services</p>	<p>This activity is for participation in ASAM Level 1 outpatient substance use disorder services, including medication assisted treatment, and recovery supports. It requires self-attestation of the number of hours that the beneficiary participated in the services up to 40 hours per month.</p>

Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information
—
Granite Advantage Health Care Program

This form authorizes a licensed medical professional to release to the Department of Health and Human Services (Department) a beneficiary's protected health information (PHI) related to the licensed medical professional's certification of the beneficiary as medically frail. This form should be completed by the beneficiary and given to the licensed medical professional who is completing the Licensed Medical Professional Certification of Medical Frailty Form.

The beneficiary **MUST** return a copy of this form along with a copy of the Licensed Medical Professional Certification of Medical Frailty Form to the Department. The forms may be sent to the Department by mail at the address above, by fax to 603-271-5623, by submitting forms to NH EASY, or bringing the forms to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may upload the forms to NH EASY or bring the forms to their local district office **only** if the licensed medical professional has certified that the beneficiary is medically frail.

Part I. Beneficiary Information (please print)

Last Name:	First Name, Middle Initial:	Date of Birth MM/DD/YYYY
Residential Street Address (if homeless write N/A):	City, State, Zip Code:	Phone #: ()

Part II. Purpose of the Disclosure The purpose of the disclosure of PHI pursuant to this release is to verify the licensed medical professional certification that the beneficiary is medically frail and that the beneficiary is accordingly exempt from the Granite Advantage Health Care Program community engagement requirements. I understand that if I do not authorize the release of this information, I will not be able to demonstrate that I qualify for an exemption with the necessary completion of the Licensed Medical Professional Certification of Medical Frailty Form.

Please check all that apply below:

- I hereby authorize the following licensed medical professional to disclose my protected health information for the purposes described above:

Name of Medical Professional: _____
Organization: _____ Telephone #: (_____) ____--_____
Address: _____

- In addition, I hereby authorize the following specific disclosures (Place your initials on the line by those statements which apply)

_____ I specifically authorize the release of my mental health treatment records.

_____ I specifically authorize the release of my HIV and AIDS results and/or treatment.

_____ I specifically authorize the release of my alcohol and/or drug abuse treatment records in accordance with 42 CFR Part 2.

_____ Other (specify): _____.

- I give authorization for my protected health information to be released to the following individual or organization:
Name: Granite Advantage Health Care Program Manager
Organization: Department of Health and Human Services
Address: DHHS, Granite Advantage Health Care Program, P.O. Box 3778, Concord, NH 03302-3778 or Fax# 603-271-5623
- I understand this authorization may be revoked by notifying the Department of Health and Human Services in writing to the address above.
- This authorization will expire one year from the date it is signed.

Signature of Beneficiary or Duly Authorized Legal Representative

Date

If you have any questions regarding this form, please call the Department's Medicaid Customer Services number at 1-844-275-3447 (1-844-ASK-DHHS).

O	<p>Enrollment at an Accredited Community College, College or University</p> <p style="text-align: right;">Enter total hours here →</p>	
	<p>Please provide:</p> <p>The name of the college or university: _____;</p> <p>The semester start date (MM,YYYY): _____;</p> <p>The semester end date (MM,YYYY): _____,</p> <p><u>Attach a copy of your class schedule</u> which indicates the number of credit hours assigned for the enrolled classes. Multiply the number or credit hours for all enrolled classes by 4.33 and enter the total number of hours to be credited each month for the duration of your verified participation in the activity.</p>	
O	<p>Vocational Educational Training</p> <p style="text-align: right;">Enter total hours here →</p>	
	<p>Please provide:</p> <p>The name of the institution: _____;</p> <p>The training start date (MM,YYYY): _____;</p> <p>The training end date (MM,YYYY): _____,</p> <p><u>Attach documentation of your enrollment</u> in the training program. Community engagement hours will be credited at 100 hours per month for the duration of your verified participation in the training program or activity.</p>	
O	<p>Education Directly Related to Employment (Beneficiary Has Not Received a High School Diploma or GED)</p> <p style="text-align: right;">Enter total hours here →</p>	
	<p>Please provide:</p> <p>The name of the program or activity: _____;</p> <p>The program or activity start date (MM,YYYY): _____;</p> <p>The program or activity end date (MM,YYYY): _____,</p> <p><u>Attach documentation of your enrollment</u> in the program or activity. Community engagement hours will be credited at 100 hours per month for the duration of your verified participation in the program or activity.</p>	

O	High School or Equivalent	Enter total hours here →
	<p>Please provide:</p> <p>The name of the high school or equivalency program: _____;</p> <p>The high school or equivalency program start date (MM,YYYY): _____;</p> <p>The high school or equivalency program end date (MM,YYYY): _____,</p> <p><u>Attach documentation of your enrollment</u> in the high school or equivalency program. Community engagement hours will be credited at 100 hours per month for the duration of your verified participation in high school or an equivalency program.</p>	

Instructions for Completing the Form

1. Please complete your beneficiary information and sign and date the top section of the form on the first page.
2. After reviewing the descriptions of qualifying community engagement activities below, fill in the circle in the far-left column of the row which applies to the qualifying community engagement activity that you are reporting.
3. Enter the total number of hours to be credited each month for the duration of your **verified** participation in the activity in the far right column of the row which applies to the qualifying community engagement activity that you are reporting.
4. Attach the necessary documentation to the form.
5. You **MUST** return this form to the Department of Health and Human Services either in person, by mail at the address at the top of the first page, by fax to (603) 271-5623 or by submitting the form (and the required documentation) to NH EASY. The form and required documentation can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form.

Descriptions of Qualifying Community Engagement Activities

Job Skills Training Related to Employment	This activity requires documentation of enrollment in a job skills training program that includes the duration of the program and the number of hours that the beneficiary is participating in the activity.
Enrollment at an Accredited Community College, College or University	This activity requires enrollment at an accredited community college, college or university that is counted on a credit hour basis. Documentation of enrollment must include a copy of the beneficiary’s class schedule, the number of credit hours assigned for the enrolled class(es) and the semester begin and end date. The number of community engagement hours that are credited toward the community engagement requirement each month is determined by multiplying the number of credit hours assigned for the enrolled class(es) by 4.33.
Vocational Educational Training	This activity requires documentation of enrollment in a vocational education training program that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary’s verified participation in the activity not to exceed 12 months.
Education Directly Related to Employment (Beneficiary Has Not Received a High School Diploma or GED)	This activity is for participation in education directly related to employment in the case of a beneficiary who has not received a high school diploma or certificate of high school equivalency. The activity requires documentation of enrollment that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary’s verified participation in the activity.

High School or Equivalent	This activity requires satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence and requires documentation of enrollment that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary's verified participation in the activity.
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Section III. Licensed Medical Professional Section

As a licensed medical professional caring for this beneficiary, I hereby certify (based on the description of the exemptions provided in the instructions to this form) that the beneficiary meets the qualifications for the exemption(s) requested in Section II.

This certification is valid through (may not exceed one year):

M		M	Y		Y		Y		Y
---	--	---	---	--	---	--	---	--	---

Provider Name (Please Print):	NPI #
Date	Contact #: ()

Provider Signature: _____

Instructions For Completing the Form

Beneficiary Instructions:

1. Complete your beneficiary information and sign the top section of the form.
2. After reviewing the description of the various exemptions below, fill in the circle in the far-left column of the row which applies to the exemption(s) that you are requesting.
3. If you are requesting an exemption as a parent or a caretaker, enter the name and DOB of the person being cared for.
4. If the exemption type requires certification by a licensed medical professional, request that the licensed medical professional complete Section III of the form.
5. You **MUST** return this form to the Department of Health and Human Services either by mail at the address on top of the first page, by fax to 603-271-5623, by submitting the form to NH EASY, or bringing the form to your local district office. Log on to nheasy.nh.gov, go to "MANAGE COMMUNITY ENGAGEMENT", click "Request Exemption", select the exemption, and submit the form. You may submit to NH EASY or bring to your local district office the exemption form that requires certification by a licensed medical professional ***only*** if the licensed medical professional has certified that you meet the qualifications for an exemption.

Licensed Medical Professional Instructions:

1. Review the Description of Exemptions below and the exemption(s) that the beneficiary has selected in Section II of the form for accuracy.
2. Enter the certification end-date for the exemption if known.
3. Fill in your provider information and sign the bottom section of the form.
4. If you are submitting this form on behalf of the beneficiary, please send it to the return address on the front page, or fax it to 603-271-5623.

Description of Exemptions

Participation in State Certified Drug Court Program	The beneficiary is participating in a state certified drug court program that has been certified by the administrative office of the superior court. This requires a copy of the court order.
Parent/Caretaker of Dependent Child Under 6	The beneficiary is a custodial parent or caretaker of a dependent child under 6 years of age. Enter the name and DOB of the child.
Pregnant or Within 60 Days Post-partum	The beneficiary is pregnant or within 60 days post-partum. Enter the due date.
ADA Disability	The beneficiary has a disability as defined by the Americans with Disabilities Act (ADA) and is unable to comply with the community engagement requirement due to disability-related reasons. This exemption requires that a licensed medical professional certify the ADA disability.
Caretaker Residing With Immediate Family Member with ADA Disability	The beneficiary resides with an immediate family member who has a disability as defined by the Americans with Disabilities Act (ADA) and is unable to meet the community engagement requirement for reasons related to the disability of that family member. This exemption requires that a licensed medical professional certify the family member's disability.

Illness, Incapacity or Treatment Including Inpatient or Residential Outpatient Treatment	The beneficiary is unable to participate in the requirements due to serious illness, hospitalization, incapacity, or treatment, including inpatient or residential outpatient treatment. This exemption includes the beneficiary's participation in inpatient and residential outpatient substance use disorder treatment or in intensive outpatient substance use disorder services that is consistent with ASAM Levels 2.1 and above. This exemption requires a licensed medical professional certify the illness, incapacity or treatment including inpatient or residential outpatient treatment.
Hospitalization or Serious Illness	The beneficiary experiences a hospitalization or serious illness. This exemption requires that a licensed medical professional certify the hospitalization or serious illness. <u>copies of discharge summaries, or financial or billing information, documenting the hospitalization or serious illness or dates of stay.</u>
Caretaker Residing With Immediate Family Member Who Experiences Hospitalization or Serious Illness	The beneficiary resides with an immediate family member who experiences a hospitalization or serious illness. This exemption requires that a licensed medical professional certify the beneficiary's family member experiences hospitalization or serious illness. <u>copies of discharge summaries, or financial or billing information, documenting the hospitalization or serious illness or dates of stay.</u>
Parent/Caretaker of Developmentally Disabled Child	The beneficiary is a custodial parent or caretaker of a child with developmental disabilities who is residing with the parent or caretaker. This exemption requires that a licensed medical professional certify the child's developmental disability.
Parent/Caretaker of Family Member Requiring Care	The beneficiary is a custodial parent or caretaker who is required to be in the home to care for another relative who resides in the same household due to that individual's illness, incapacity or disability and there is no other household member to provide the care.



Licensed Medical Professional Certification of Medical Frailty
Granite Advantage Health Care Program

This certification is to be completed by a licensed medical professional who is qualified to assess the beneficiary for “medical frailty”. This certification will be used to support the determination that the beneficiary is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The beneficiary **MUST** return this form along with a copy of the BFA Form 320 Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information Form to the Department. The forms may be sent to the Department by mail (at the address above), by fax to 603-271-5623, by submitting the forms through NH EASY, or bringing them to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may submit the forms to NH EASY or bring the forms to their district office only if the licensed medical professional has certified that the beneficiary is medically frail.

~~“Medically frail”, as defined in 42 CFR 440.315 (f), includes: individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, as well as individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living.~~

“Medically frail” means a beneficiary, as defined in 42 CFR 440.315(f), with a disabling mental disorder, chronic substance use disorder, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by a medical professional.

Part I. Beneficiary Information (please print)

Last Name:	First Name, Middle Initial:	Medicaid ID #:
Residential Street Address (if homeless write N/A)	City, State, Zip Code:	Phone #: ()
Date of Birth MM/DD/YYYY	Gender M F	

Part II. Licensed Medical Professional Certification

As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified in Part III below:

Part III. Medically Frail Condition

Please check ALL the appropriate boxes in the table that best defines the medically frail condition of the beneficiary:

Definition	Category
Individuals with disabling mental health disorders	<input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizoaffective disorder <input type="checkbox"/> Major depression <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Delusional disorder <input type="checkbox"/> Obsessive-compulsive disorder <input type="checkbox"/> Other mental health condition: specify _____
Individuals with substance use disorders	<input type="checkbox"/> The beneficiary has a diagnosis of substance use disorder consistent with DSM-V* criteria. <small>*DSM-V means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.</small>
Individuals with serious and complex medical conditions	<input type="checkbox"/> The individual meets criteria for hospice services, OR <input type="checkbox"/> The individual has a serious and complex medical condition AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with a physical disability	<input type="checkbox"/> The individual has a physical disability AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with an intellectual or developmental disability	<input type="checkbox"/> The individual has an intellectual disability or a developmental disability as described below AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs) <ul style="list-style-type: none"> ○ Intellectual Disability means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior ○ Developmental Disability means a disability attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability, (or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that for persons with an intellectual disability), that is manifested before the age of 22 and that reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of a lifelong or extended duration and are individually planned and coordinated.

Additional provider notes including any other considerations that should be given to support "Medical Frailty" of this individual:

This certification is valid through MM/DD/YYYY (May not exceed one year).

Provider Name (Please print):	NPI #
Date	Contact #: ()

Provider Signature:

	Good Cause Reason	Attestation and Verification Certification	Crediting a Finding of Good Cause
<input type="radio"/>	Domestic violence	Court Order OR Self-Attestation	Date range specified in Court Order at 8 hrs/day OR # of days at 8 hrs/day _____
<input type="radio"/>	ADA disability	Self-attestation AND Certification by licensed medical professional	Date range specified by licensed medical professional at 8 hrs/day OR If no date range indicated, 100 hours. _____
<input type="radio"/>	Caretaker Residing with Immediate Family Member with ADA Disability	Self-Attestation AND Certification by licensed medical professional of family member's disability and duration.	Date range specified by licensed medical professional at 8 hrs per/day OR If no date range indicated 100 hours _____
<input type="radio"/>	Inpatient Hospitalization	Self-Attestation AND Medical documentation to substantiate	100 hrs/month.
<input type="radio"/>	Outpatient Hospitalization or Serious Illness	Self-Attestation AND Medical documentation to substantiate	Date range specified by licensed medical professional at 8 hrs per/day OR If no date range indicated # days at 8 hrs/day _____
<input type="radio"/>	Caretaker Residing with Immediate Family Member Who Experiences Inpatient Hospitalization	Self-Attestation AND Medical documentation to substantiate family member's hospitalization	# of days at 8 hrs/day _____
<input type="radio"/>	Caretaker Residing with Immediate Family Member Who Experiences Outpatient Hospitalization or Serious Illness	Self-Attestation AND Medical documentation to substantiate family member's hospitalization or serious illness	Date range specified by licensed medical professional at 8 hrs per/day OR If no date range indicated # days at 8 hrs/day _____
<input type="radio"/>	Good Cause Related to a Temporary Increase in Monthly Employment Hours	Self-Attestation	# of extra employment hours _____
<input type="radio"/>	Other Good Cause	Self-Attestation	# of other good cause days at 8 hrs/day _____

For any Parent or Caretaker good cause above, enter the information for the person being cared for below:

Full Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last First

Date of Birth:

M		M		D		D		Y		Y		Y		Y
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Licensed Medical Professional Certification

A showing of good cause for “ADA disability” or “Caretaker Residing with Immediate Family Member with ADA Disability” requires certification by a licensed medical professional. As a licensed medical professional caring for this beneficiary or for a beneficiary’s family member with a disability, I hereby certify that:

- The beneficiary is disabled and unable to meet the community engagement requirement for reasons related to their disability; or
- The family member identified above is disabled

The duration of the disability of the beneficiary or family member if known is:

M M	D D Y Y
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Provider Name (Please Print):	NPI #
Date	Contact #: ()

Provider Signature: _____

Instructions for Completing the Form

1. Complete your beneficiary information and sign the top section of the form.
2. After reviewing the descriptions of good cause below, fill in the circle in the far-left column of the row which applies to the good cause that you are requesting.
3. If you are requesting good cause as a parent or a caretaker, enter the name and date of birth off the person being cared for.
4. If the good cause type requires certification by a licensed medical professional, ask the licensed medical professional to complete the Licensed Medical Professional Certification section of the form.
5. If the good cause type requires medical documentation, attach the necessary documentation to this form.
6. The beneficiary MUST return this form to the Department of Health and Human Services either by mail at the address above, by fax to (603) 271-5623 or by submitting the form through NH EASY, or bringing the form to a local district office. The form can be submitted to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form. A beneficiary may submit the Good Cause form that requires certification by a licensed medical professional to NH EASY or bring to their local district office **only** if the licensed medical professional has certified that the beneficiary meets the required qualifications.

Licensed Medical Professional Instructions:

1. Review the Descriptions of Good Cause below for “ADA disability” or “Caretaker Residing with Immediate Family Member with ADA Disability” that the beneficiary has selected.

BFA SR 19-03

2. If, the beneficiary is disabled and unable to meet the community engagement requirement for reasons related to their disability or if the beneficiary's immediate family member identified above is disabled, select the appropriate certification box.
3. Enter the good cause end-date if known.
4. Fill in your provider information and sign the bottom section of the form.
5. If you are submitting this form on behalf of the beneficiary, please send it to the return address on the front page or fax it to (603) 271-5623.
6. If you determine that the beneficiary or the beneficiary's immediate family member is **not** disabled, please return this form directly to the department at the address on the front page or fax it to (603) 271-5623.

Descriptions of Good Cause

Birth or Death of a Family Member	For a beneficiary who experiences the birth or death of a family member residing with the beneficiary, a showing of good cause requires self-attestation of the event to include the name of the family member, the date of the event and the family member's relationship to the beneficiary as well as the number of community engagement hours that the beneficiary was unable to complete due to the circumstance at 8 hours per day.
Severe Inclement Weather	For a beneficiary who experiences severe inclement weather including a natural disaster, a showing of good cause requires the date(s) of the event and self-attestation of the number of days the beneficiary was unable to participate due to the circumstance at 8 hours per day.
Family Emergency or Life Changing Event	For a beneficiary who has a family emergency or other life changing event such as divorce, a showing of good cause requires <u>self</u> -attestation of the nature of the family emergency or life changing event to include the number of days that the beneficiary was unable to participate due to the circumstance at 8 hours per day.
Parent/caretaker of Child 6-12 Unable to Secure Child Care	For a beneficiary who is a custodial parent or caretaker of a child 6 to 12 years of age and who is unable to secure child care in order to participate in qualifying community engagement either due to a lack of child care scholarship or the inability to obtain a child care provider due to capacity, distance, or another related factor, a showing of good cause requires monthly self-attestation of the inability to secure child care and the number of hours the beneficiary was unable to complete due to the circumstance at 8 hours per day.
Homeless or Unable to Find Stable Housing	For a beneficiary who is homeless or unable to find stable housing, a showing of good cause requires self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day.

Domestic Violence	For a beneficiary who is a victim of domestic violence, dating violence, sexual assault or stalking, a showing of good cause requires a copy of the court order which indicates that the beneficiary was the victim of domestic violence, dating violence, sexual assault or stalking OR the beneficiary's self-attestation of domestic violence, dating violence, sexual assault or stalking. Hours will be credited based on the date range specified in the court order at 8 hours per day or based on the beneficiary's self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day.
ADA Disability	For a beneficiary who has a disability and was unable to meet the requirement for reasons related to that disability but was not exempted from community engagement requirements, a showing of good cause requires <u>self-attestation</u> that the beneficiary was unable to meet the community engagement requirement for reasons related to the disability AND certification by a licensed medical provider of the beneficiary's inability to meet the community engagement requirement for reasons related to the disability. Hours will be credited based on the date range specified by the beneficiary's medical provider at 8 hours per day or if no date range is indicated, 100 hours for one month.
Caretaker Residing with Immediate Family Member with ADA Disability	For a beneficiary who resides with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, but was not exempted from community engagement requirements, a showing of good cause requires attestation <u>by the beneficiary</u> of the number of days the beneficiary was unable to meet the community engagement requirement for reasons related to that disability AND certification by the family member's licensed medical provider specifying the family members disability and the duration, if know. Hours will be credited based on the date range specified by the family member's medical provider at 8 hours per day or if no date range is indicated, 100 hours for one month.
Inpatient Hospitalization	For a beneficiary who experienced inpatient hospitalization but was not exempted from community engagement requirements a showing of good cause requires attestation of the number of days of the hospitalization AND copies of the beneficiary's <u>-discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness</u> physician, hospital or other medical records that would substantiate the hospitalization. Hours for inpatient hospitalization will be credited at 100 hours for one month.
Outpatient Hospitalization or Serious Illness	For a beneficiary who experienced outpatient hospitalization or serious illness but was not exempted from community engagement requirements a showing of good cause requires attestation of the number of days of hospitalization or serious illness AND copies of the <u>discharge summaries, or financial or billing information</u> beneficiary' physician, hospital or other medical records that would substantiate the hospitalization or serious illness. Hours for outpatient hospitalization or serious illness will be credited based on the date range specified by the beneficiaries medical provider at 8 hours per day or if no date range is indicted based on the beneficiaries self-attestation of the number of hours at 8 hours per day.

<p>Caretaker Residing with Immediate Family Member who Experiences Inpatient Hospitalization or Serious Illness</p>	<p>For a beneficiary who resides with an immediate family member who experienced inpatient hospitalization or serious illness, but the beneficiary was not exempted from community engagement requirements, a showing of good cause requires self-attestation by the beneficiary of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day AND copies of the family member’s <u>discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness</u> physician, hospital or other medical records that would substantiate the inpatient hospitalization or serious illness. Hours will be credited based on the date range specified by the family member’s medical provider at 8 hours per day or if no date range is indicated, based on the beneficiaries self-attestation of the number of hours at 8 hours per day.</p>
<p>Caretaker Residing with Immediate Family Member who Experiences Outpatient Hospitalization or Serious Illness</p>	<p>For a beneficiary who resides with an immediate family member who experienced outpatient hospitalization or serious illness, but the beneficiary was not exempted from community engagement requirements, a showing of good cause requires self-attestation by the beneficiary of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day AND copies of the family member’s <u>discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness</u> physician, hospital or other medical records that would substantiate the outpatient hospitalization or serious illness. Hours will be credited based on the date range specified by the family member’s medical provider at 8 hours per day or if no date range is indicated, based on the beneficiaries self-attestation of the number of hours at 8 hours per day.</p>
<p>Good Cause Related to a Temporary Increase in Monthly Employment Hours</p>	<p>A temporary increase in monthly employment hours for seasonal or other work that is above the beneficiary’s average monthly employment hours as determined in He-W 837.15(a)(11)(b) may be reported as good cause. The reporting of additional employment hours as good cause under this section shall be limited to 2 consecutive months.</p>
<p>Other Good Cause</p>	<p>Other good cause requires self-attestation of the circumstances beyond the beneficiary’s control which relate to the beneficiary’s ability to obtain or retain a qualifying activity to participate in and the number of hours the beneficiary was unable to complete at 8 hours per day.</p>

Adopt He-W 837 cited and to read as follows:

CHAPTER He-W 800 ELIGIBILITY FOR MEDICAL ASSISTANCE

PART He-W 837 GRANITE ADVANTAGE HEALTH CARE PROGRAM

He-W 837.01 Definitions.

- (a) “Beneficiary” means an individual determined eligible and currently receiving medicaid.
- (b) “Commissioner” means the commissioner of the NH department of health and human services, or his or her designee.
- (c) “Community engagement requirement” means a condition of continuing eligibility for the granite advantage health care program (granite advantage) that requires beneficiaries to engage in at least 100 hours per calendar month in one or more community engagement activities.
- (d) “Cure” means meeting the community engagement requirement for a noncompliant month by making up the deficit hours for the month that resulted in noncompliance, demonstrating good cause for the deficit hours, or providing certification of an exemption status.
- (e) “Deficit hours” means the number of hours below 100 hours that the beneficiary did not participant in community engagement activities.
- (f) “Department” means the New Hampshire department of health and human services.
- (g) “Disability” means disability as defined by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, or Section 1557 of the Patient Protection and Affordable Care Act.
- (h) “Disenrollment” means the termination of medicaid eligibility at the annual redetermination of a suspended beneficiary.
- (i) “Granite advantage health care program (granite advantage)” means the granite advantage health care program established under RSA 126-AA and provides medicaid coverage to adults eligible under Title XIX of the Social Security Act 1902(a)(10)(A)(i)(VIII).
- (j) “Good cause” means circumstances beyond the beneficiary’s control that prevented the beneficiary from meeting the community engagement requirement.
- (k) “Immediate family member” means a spouse, child(ren), mother-in-law, father-in-law, parent(s), step-parent(s), step-child(ren), step-brother(s), step-sister(s), grandparent(s), grandchild(ren), brother(s), sister(s), legal guardian(s), daughter(s)-in-law, son(s)-in-law, and foster child(ren).
- (l) “Medical professional” means a licensed physician, a licensed advanced practice registered nurse (APRN), a licensed behavioral health professional, a licensed physician assistant, a licensed alcohol and drug counselor (LADC), or a board-certified psychologist.
- (m) “Medicaid” means the Title XIX and Title XXI programs administered by the department, which makes medical assistance available to eligible individuals.

(n) “Medically frail” means a beneficiary, as defined in 42 CFR 440.315(f), with a disabling mental disorder, chronic substance use disorder (SUD), serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by a medical professional.

(o) “Noncompliant” means a status where a beneficiary failed to meet the 100 hour per calendar month community engagement requirement.

(p) “Redetermination” means the annual medicaid eligibility renewal process required by 42 CFR 435.916, He-W 606, and He-W 684.

(q) “Voluntary” means a community engagement status in which a beneficiary is not required to participate in the community engagement requirement but chooses to do so.

He-W 837.02 Medicaid Eligibility. Medicaid eligibility for the granite advantage population shall be determined in accordance with the requirements of 42 CFR 435.603 (a)-(h).

He-W 837.03 Community Engagement Requirement.

(a) Unless exempted under He-W 837.04 below or able to demonstrate good cause under He-W 837.11, beneficiaries enrolled in granite advantage shall engage in at least 100 hours per calendar month in one or more the community engagement activities listed in He-W 837.08 below.

(b) A beneficiary shall have until the first full month following 75 calendar days from the date of eligibility or expiration of an exemption to come into compliance with the community engagement requirement.

He-W 837.04 Exemptions.

(a) Beneficiaries meeting at least one of the following conditions shall be exempted from the community engagement requirement:

(1) Beneficiaries who are unable to participate due to illness, incapacity, or treatment, including inpatient or residential outpatient treatment, as certified by a medical professional. This exemption shall include the beneficiary’s participation in inpatient and residential outpatient SUD treatment or in intensive outpatient SUD services that is consistent with Levels 2.1 and above as found in the American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Substance-Related, Addictive, and Co-Occurring Conditions, Third Edition (2013), henceforth referred to as “ASAM Criteria 2013”, available as noted in Appendix A;

(2) Beneficiaries who are participating in a state-certified drug court program as certified by the administrative office of the superior court;

(3) A custodial parent or caretaker as defined in RSA 167:82, II(g) where the required care is considered necessary by a medical professional;

(4) A custodial parent or caretaker of a dependent child under 6 years of age provided that the exemption shall only apply to one parent or caretaker of a common child or children in the case of a 2-parent household;

- (5) A custodial parent or caretaker of a child with developmental disabilities who is residing with the parent or caretaker;
 - (6) Pregnant women as defined in 42 CFR 435.4 whose circumstance or condition is not previously known to the department;
 - (7) Beneficiaries with a disability who are unable to comply with the community engagement requirement due to disability-related reasons;
 - (8) Beneficiaries residing with an immediate family member who has a disability and is unable to meet the community engagement requirement for reasons related to the disability of that family member;
 - (9) Beneficiaries who experience a hospitalization or serious illness;
 - (10) Beneficiaries residing with an immediate family member who experiences a hospitalization or serious illness; or
 - (11) Beneficiaries who are medically frail, as certified by a medical professional.
- (b) Beneficiaries meeting at least one of the conditions in (a)(1) – (11) above shall complete the required form for the condition as specified for the condition in accordance with He-W 837.07 below.
- (c) Beneficiaries who fall in at least one of the following categories, based on the information available in the department's eligibility system(s), shall be exempted from the community engagement requirement and not have to supply additional information to the department:
- (1) Beneficiaries who are approved by the department for aid to the permanently and totally disabled (APTD), aid to the needy blind (ANB), medicaid for employed adults with disabilities (MEAD), nursing facility, home and community based services (HCBS), or home care for children with severe disabilities through age 20 (HC-CSD);
 - (2) Beneficiaries who are receiving supplemental security income (SSI), social security disability income (SSDI), railroad disability, or veteran disability benefits;
 - (3) Beneficiaries who are pregnant as defined in 42 CFR 435.4, and whose pregnancy status is indicated in the department's eligibility system(s);
 - (4) A beneficiary who is a custodial parent or caretaker for a dependent child under 6 provided that the exemption shall only apply to one parent or caretaker in the case of a 2-parent household;
 - (5) A beneficiary who is a custodial parent or caretaker of a child with developmental disabilities who is residing with the parent or caretaker and who is currently approved by the department for services under the home and community based services developmental disability waiver (HCBS-DD);
 - (6) Beneficiaries who are receiving SNAP benefits and who are exempt from the program's employment requirements;

(7) Beneficiaries who are receiving TANF benefits and who are exempt from the program's employment requirements; and

(8) Beneficiaries who are enrolled in HIPP.

(d) The exemption in (c) above shall continue for as long as the particular circumstance continues to exist.

(e) A beneficiary who is exempted in (c) above may request to participate voluntarily in the community engagement requirement and shall have access to the services described in He-W 639.

He-W 837.05 Request for Exemption; Duration of Exemptions.

(a) All beneficiaries requesting an exemption shall complete, submit, and attest under penalty of unsworn falsification pursuant to RSA 641:3 on BFA Form 330 "Exemption Request Form- Granite Advantage Health Care Program" (01/19) that the information provided to the department in support of the request for an exemption is true to the best of the beneficiary's knowledge and belief:

"By filing in the circle for an exemption in Section I or II below and signing this form, I attest under penalty of unsworn falsification pursuant to RSA 641:3 that the information provided to the department in support of this request is true to the best of my knowledge and belief."

(b) Beneficiaries requiring certification by a licensed medical professional in (c) below shall have a licensed medical professional certify on BFA Form 330 "Exemption Request Form – Granite Advantage Health Care Program" (01/19) to the following:

"As a licensed medical professional caring for this beneficiary, I hereby certify (based on the description of the exemptions provided in the instructions to this form) that the beneficiary meets the qualifications for the exemption(s) requested in Section II."

(c) Beneficiaries shall provide the following third party certification or documentation to the department for the following exemption types:

(1) For beneficiaries unable to participate due to illness, incapacity, or treatment under (a)(1) above, provide a certification by a medical professional specifying the duration and limitations of the illness, incapacity, or treatment. The duration of the exemption shall be 1 month or the date range specified by the medical professional, whichever is longer;

(2) For beneficiaries participating in a state certified drug court program under (a)(2) above, provide a copy of the court order requiring the person to participate in the drug court program. The duration of this exemption shall be 1 year from the date that the required documentation is received;

(3) For a parent or caretaker under (a)(3) above, provide a certification by a medical professional that specifies the duration that such care is required. Unless specified otherwise by the medical professional, the duration of this exemption shall be 1 year from the date that the required documentation is received;

(4) For a parent or caretaker of a dependent child under 6 years of age under (a)(4) above, provide a self-attestation and the child's date of birth;

- (5) For a custodial parent or caretaker of a child with developmental disabilities under (a)(5) above, provide a certification by a medical professional of the child's developmental disability. The duration of this exemption shall be for as long as the particular circumstance continues to exist;
- (6) For beneficiaries updating pregnancy status with the department, one of the following:
- a. Complete and submit the form required in He-W 837.07(a) below;
 - b. Call the department's customer service line at 1-844-275-3447 to report the pregnancy;
 - c. Send a note via United States postal service to the department along with the due date;
 - d. Complete a change report on nheasy.nh.gov; or
 - e. Go to the local district office and provide the information in person.
- (7) For beneficiaries with a disability under (a)(7) above, provide an annual certification by a medical professional of the person's inability to meet the community engagement requirement for reasons related to the disability. The duration of this exemption shall be 1 year from the date that the required documentation is received;
- (8) For persons with an immediate family member in the home with a disability under (a)(8) above, provide an annual attestation of the beneficiary's inability to meet the community engagement requirement for reasons related to the disability of a family member and an annual certification by the family member's medical professional specifying the family member's disability. The duration of this exemption shall be 1 year from the date that the required documentation is received;
- (9) For beneficiaries unable to participate due to hospitalization or serious illness under (a)(9) above, provide copies of discharge summaries, or financial or billing information, documenting the hospitalization or serious illness or dates of stay. The duration of this exemption shall be 1 month or the date range specified by the medical professional, whichever is longer;
- (10) For beneficiaries who are unable to participate due to hospitalization or serious illness of an immediate family member under (a)(10) above, provide copies of the family member's discharge summaries, or financial or billing information, documenting the hospitalization or serious illness. The duration of this exemption shall be 1 month or the date range specified by the medical professional, whichever is longer; and
- (11) For medically frail beneficiaries under (a)(11) above, an annual completion and submission of a. and b. below:
- a. BFA Form 320A "Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information- Granite Advantage Health Care Program" (01/19) permitting and authorizing disclosure of protection health information as follows:

"I hereby authorize the following licensed medical professional to disclose my protected health information for the purposes described above."

“In addition, I hereby authorize the following specific disclosures (place your initials on the line by those statements which apply)
I specifically authorize the release of my mental health treatment records.
I specifically authorize the release of my HIV and AIDS results and/or treatment.
I specifically authorize the release of my alcohol and/or drug abuse treatment records in accordance with 42 CFR Part 2.”

“I give authorization for my protected health information to be released to the following individual or organization:

Name: Granite Advantage Health Care Program Manager
Organization: Department of Health and Human Services
Address: DHHS, Granite Advantage Health Care Program, P.O. Box 3778,
Concord, NH 03302-3778 or Fax # 603-271-5623

I understand this authorization may be revoked by notifying the Department of Health and Human Services in writing to the address above.”

- b. BFA Form 331 “Licensed Medical Professional Certification of Medical Frailty” (01/19) indicating that the person is unable to comply with the work and community engagement requirement as a result of their condition including the duration of such disability. The duration of this exemption shall be 1 year from the date that the required certification is received. The medical professional shall certify as follows:

“As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified in part III below.”

(d) To the extent practicable, third party certification or documentation shall be submitted to the department with the community engagement exemption request BFA Form 330 “Exemption Request Form - Granite Advantage Health Care Program” (01/19).

(e) A request for an exemption under this section shall not be considered complete until all required documentation(s) are received by the department.

He-W 837.06 Qualifying Activities Meeting the Community Engagement Requirement. The following activities shall qualify as activities for the community engagement requirement:

- (a) Unsubsidized employment including by non-profit organizations;
- (b) Subsidized private sector employment;
- (c) Subsidized public sector employment;
- (d) On the job training;
- (e) Job skills training related to employment;
- (f) Enrollment at an accredited community college, college or university that is counted on a credit hour basis;
- (g) Job search and job readiness assistance, including but not limited to participation in job search or job training activities offered through the department of employment security or through other

job search or job readiness assistance program such as Workforce Innovation and Opportunity Act (WIOA) or work ready New Hampshire;

a. Time spent in any assessment, training, enrollment or case management activity that is necessary for participation under this section shall be credited as job search and job readiness assistance hours;

(h) Vocational educational training not to exceed 12 months with respect to any beneficiary;

(i) Education directly related to employment, in the case of a beneficiary who has not received a high school diploma or certificate of high school equivalency;

(j) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a beneficiary who has not completed secondary school or received such a certificate;

(k) Community service or public service except that community service or public service under this section shall not include services provided to or on behalf of a political organization or campaign;

(l) Caregiving services for a non-dependent relative or other person with a disabling medical mental health or developmental condition;

(m) Participation in ASAM Level 1 outpatient SUD services, including medication assisted treatment, and recovery supports, as set forth in ASAM Criteria (2013);

(n) Participation in and compliance with SNAP employment requirements;

(o) Participation in and compliance with the TANF employment requirements; or

(p) Participation in and compliance with the employment requirements of the refugee resettlement program pursuant to 45 CFR 400.75.

He-W 837.07 Reporting of Community Engagement Activities and Crediting of Hours.

(a) The following types of community engagement activities shall be reported on BFA Form 321 "Reporting Education Participation in Qualifying Community Engagement Activities – Granite Advantage Health Care Program" (01/19):

(1) For job skills training related to employment under He-W 837.06(e), the beneficiary shall provide documentation of enrollment that includes the duration and the number of hours the beneficiary is participating in the activity;

(2) For enrollment at an accredited community college under He-W 837.06(f), the beneficiary shall provide documentation of enrollment that includes a copy of the beneficiary's class schedule, the number of credit hours assigned for the enrolled class(es) and the semester begin and end date.

a. The number of community engagement hours to be credited toward the community engagement requirement each month shall be determined by multiplying the number of credit hours assigned for the enrolled class(es) by 4.33;

(3) For vocational educational training under He-W 837.06(h), the beneficiary shall provide documentation of enrollment that includes the duration of the activity and a copy of the

beneficiary's enrollment in the program. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the activity not to exceed 12 months;

(4) For education directly related to employment under He-W 837.06(i), the beneficiary shall provide documentation of enrollment that includes the duration of the activity. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the activity; and

(5) For study leading to a certificate of general equivalence under He-W 837.06(j), the beneficiary shall provide documentation of enrollment that includes the duration of the activity. Community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the activity;

(b) The following types of community engagement activities shall be reported on BFA Form 320 "Reporting Monthly Participation in Qualifying Community Engagement Activities - Granite Advantage Health Care Program" (01/19), and the hours reported shall be credited toward the community engagement requirement as follows:

(1) For time spent participating in job search and job readiness efforts under He-W 837.06(g), the beneficiary shall report the type, duration of the activity, and total number of hours per month

(2) For community service or public service under He-W 837.06(k), the beneficiary shall report where and when the community or public service was performed, the number of hours worked, and the contact information for the community service or public service agency

(3) For caregiving services under He-W 837.06(l), the beneficiary shall report the name and contact information for the non-dependent relative or other person cared for, a description of the services provided, and the number of hours of caregiving services provided; and

(4) For participation in ASAM Level 1, as set forth in ASAM Criteria (2013), outpatient SUD services under He-W 837.06(m), the beneficiary shall report the name of the agency or organization the services were received from, and the number of hours that the beneficiary participated in the services up to 40 hours per month;

(c) The following types of community engagement activities shall be credited as follows if the activity is verified by the department's eligibility system(s):

(1) For system verified participation in and compliance with SNAP employment requirements, community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the program;

(2) For system verified participation in and compliance with TANF employment requirements, community engagement hours shall be credited at 100 hours per month for the duration of the beneficiary's verified participation in the program;

(3) For participation in and compliance with the employment requirements of the refugee resettlement program pursuant to 45 CFR 400.75, systemic verification of legal status and enrollment in the program. Community engagement hours shall be credited at 100 hours per month for 12 months from the date of the beneficiary's entry into the United States; and

(4) Employment information gathered during the granite advantage or medicaid eligibility or redetermination application process or in the department's eligibility system(s) shall be used to determine a beneficiary's average monthly employment hours and shall be credited towards the community engagement requirement for employment activities listed in He-W 837.06(a)-(d).

- a. A temporary increase in monthly employment hours for seasonal or other work above the beneficiary's average monthly employment hours shall be reported as extra employment hours for purposes of reporting increased qualifying activities; and
- b. Beneficiary shall report within 10 calendar days any increase or decrease in average monthly employment hours that will continue for more than one month or that will affect any other benefits the beneficiary is receiving pursuant to He-W 803.03 and He-W 603.03

He-W 837.08 Beneficiaries with Disabilities: Reasonable Modification.

(a) A beneficiary with a disability shall be entitled to reasonable modifications related to meeting the community engagement requirements.

(b) Reasonable modifications may include:

(1) Modification in the number of hours of participation required where the beneficiary is unable to participate for the otherwise required number of hours; or

(2) Assistance with understanding the granite advantage program to include, but not limited to, departmental notices, eligibility requirements, exemption requirements, how to apply for an ADA exemption, program benefits, how to establish eligibility, and how to meet and report community engagement activities to maintain eligibility.

He-W 837.09 Opportunity to Cure Noncompliance.

(a) If a beneficiary fails to meet the required community engagement hours, the beneficiary shall satisfy the community engagement requirement by making up the deficit hours for the month that resulted in noncompliance by doing one of the following:

(1) Curing the deficit hours by engaging in the activities listed in He-W 837.06 above in the following month for only the number of deficit hours for the noncompliant month. For example, a beneficiary engaged in 60 hours of community engagement activities in January, resulting in a 40-hour deficit. The beneficiary must only complete 40 hours of community engagement activities in February to cure January. In March, the beneficiary would have to complete 60 hours of activities to cure February. If the beneficiary worked 100 hours in March, February is cured and March's community engagement hours are met. At no time is a beneficiary required to work more than 100 hours;

(2) Demonstrating good cause for the failure to meet the community engagement requirement in the noncompliant month as described in He-W 837.11; or

(3) Providing documentation of an exemption pursuant to He-W 837.05.

(b) Within 10 days following the first month of noncompliance, the department shall provide written notice to the beneficiary of failure to meet the community engagement requirement to include:

(1) How a beneficiary can cure the noncompliance as described in (a)(1) above; and

(2) Information regarding potential suspension pursuant to He-W 837.10 below.

He-W 837.10 Suspension for Noncompliance.

(a) If a beneficiary does not cure the deficit hours as described in He-W 837.09(a)(1), the department shall suspend the beneficiary's eligibility effective the first of the month following the one-month opportunity to cure.

(b) Within 10 days following the failure to cure in the one-month opportunity to cure, the department shall provide written notice to the beneficiary that his or her medicaid eligibility shall be suspended due to noncompliance, and shall include all applicable notice requirements found in 42 CFR 431, Subpart E.

(c) The suspension shall remain in effect until the beneficiary reactivates eligibility by:

(1) Satisfying within a single calendar month the deficit hours that resulted in noncompliance;

(2) Demonstrating good cause for the failure to meet the community engagement requirement in the noncompliant month;

(3) Providing documentation of an exemption pursuant to He-W 837.05; or

(4) Becoming eligible for Medicaid under an eligibility category that is not subject to the community engagement requirement.

(d) Reactivation shall be effective on the date that the deficit hours are reported to the department or the date the department receives the required attestation or third party certification or documentation to establish good cause or an exemption.

(e) Upon reactivation in (d) above, a beneficiary's obligation to meet the community engagement requirement shall begin on the first full month following the month in which the beneficiary's eligibility is reactivated.

(f) The deficit hours that are made up in the immediately following month for the month that resulted in noncompliance shall also be credited toward the community engagement requirement for the current month in which the hours are earned. For example, January, a beneficiary, who has no good cause or exemption, works 0 hours. In February, that same beneficiary works 40 hours. This would result in suspension of coverage in March. If the beneficiary works 60 hours in March, the 60 hours in March are added to the 40 hours of February to achieve cure. February is then cured, the suspension would be lifted, and reactivation would result in accordance with (d) above.

(g) A beneficiary may reactivate eligibility prior to the redetermination date without having to complete a new medicaid application.

He-W 837.11 Good Cause for Noncompliance With Community Engagement Requirement.

(a) The department shall not suspend eligibility if a beneficiary failed to meet the community engagement requirement for a good cause.

(b) Good cause shall include, but be not limited to, the following circumstances:

- (1) The beneficiary experiences the birth or death of a family member residing with the beneficiary;
- (2) The beneficiary experiences severe inclement weather, including a natural disaster, and was unable to meet the requirement;
- (3) The beneficiary has a family emergency or other life-changing event such as divorce;
- (4) The beneficiary is a victim of domestic violence, dating violence, sexual assault or stalking consistent with definitions and documentation required under the Violence Against Women Reauthorization Act of 2013 under 24 CFR section 5.2005 and 24 CFR section 5.2009;
- (5) The beneficiary is a custodial parent or caretaker of a child 6 to 12 years of age who, as determined by the commissioner on a monthly basis, is unable to secure child care in order to participate in qualifying community engagement either due to a lack of child care scholarship or the inability to obtain a child care provider due to capacity, distance, or another related factor;
- (6) The beneficiary has a disability, is voluntarily participating in the community engagement requirement, and was unable to meet the requirement for reasons related to that disability;
- (7) The beneficiary resides with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, but was not exempted from community engagement requirements;
- (8) The beneficiary experienced a hospitalization or serious illness, but did not request an exemption from community engagement requirements;
- (9) The beneficiary resides with an immediate family member who experienced a hospitalization or serious illness, but the beneficiary was did not request an exemption from community engagement requirements;
- (10) The beneficiary is homeless or unable to find stable housing; or
- (11) Other good cause such as a circumstance beyond the beneficiary's control which related to the beneficiary's ability to obtain or retain a qualifying community engagement activity .

(c) All beneficiaries requesting good cause for noncompliance with the community engagement requirement shall complete, submit, and attest under the penalty of unsworn falsification pursuant to RSA

641:3 on BFA Form 340 “Good Cause Request Form- Granite Advantage Health Care Program” (01/19) along with any required third party certification(s) to the department as follows:

“By filling in the circle for good cause and signing the form, I attest under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided to the department in support of this request is true to the best of my knowledge and belief.”

(d) Beneficiaries requiring certification by medical professional certification for good cause in (e) below shall have the medical professional certify on BFA Form 340 “Good Cause Request Form – Granite Advantage Health Care Program” (01/19) as follows:

“A showing of good cause for “ADA disability” or “Caretaker residing with immediate family member with ADA disability” requires certification by a licensed medical professional. As a licensed medical professional caring for this beneficiary or for a beneficiary’s family member with a disability, I hereby certify that: The beneficiary is disabled and unable to meet the community engagement requirement for reasons related to their disability; or the family member identified above is disabled.”

(e) A beneficiary’s request for good cause shall be attested to and certified as follows:

(1) For a beneficiary who experiences the birth or death of a family member residing with the beneficiary, attestation by the beneficiary of the event to include the name of the family member, the date of the event the family member’s relationship to the beneficiary, and the number of days impacted;

(2) For a beneficiary who experiences severe inclement weather, including a natural disaster, and therefore was unable to meet the requirement, attestation by the beneficiary of the date(s) of the severe inclement weather or natural disaster and the number of days impacted;

(3) For a beneficiary who has a family emergency or other life-changing event such as divorce, attestation by the beneficiary of the nature of the family emergency or life-changing event to include the date(s) and the number of days that the beneficiary was unable to participate due to the circumstance;

(4) For a beneficiary who is a victim of domestic violence, dating violence, sexual assault, or stalking, documentation of the date range specified in the court order or the number of days impacted and:

a. A copy of a court order which indicates the beneficiary was the victim of domestic violence, dating violence, sexual assault or stalking; or

b. Self-attestation of domestic violence, dating violence, sexual assault or stalking in accordance with the Violence Against Women Reauthorization Act of 2013 under 24 CFR section 5.2005 and 24 CFR section 5.2009;

(5) For custodial parents as described in (b)(5) above, a monthly attestation by the beneficiary of the inability to secure child care and the number of days impacted;

(6) For a beneficiary who has a disability, is voluntarily participating in the community engagement requirement, and was unable to meet the requirement for reasons related to that disability the following shall be required:

- a. Attestation by the beneficiary that the beneficiary was unable to meet the community engagement requirement for reasons related to the disability; and
- b. The certification described in (d) above;

(7) For a beneficiary who resides with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, but did not request an exemption from the community engagement requirements, the following shall be required:

- a. Attestation by the beneficiary of the number of days the beneficiary was unable to meet the community engagement requirement for reasons related to that disability; and
- b. The certification described in (d) above;

(8) For a beneficiary who experienced a hospitalization or serious illness, but did not request an exemption from community engagement requirements, attestation of the number of days of the hospitalization or serious illness and copies of the discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness;

(9) For a beneficiary who resides with an immediate family member who experienced a hospitalization or serious illness, but the beneficiary did not request an exemption from community engagement requirements, the following shall be required:

- a. Attestation by the beneficiary of the number of days of the hospitalization or serious illness; and
- b. Copies of the family member's discharge summary, or financial or billing information, or other medical records that would substantiate the hospitalization or serious illness;

(10) For a beneficiary who is homeless or unable to find stable housing, attestation by the beneficiary of the beneficiary's homelessness or inability to find stable housing; or.

(11) For a beneficiary to claim other good cause under He-W 837.11(b)(11), attestation by the beneficiary of the circumstance beyond the beneficiary's control which relate to the beneficiary's ability to obtain or retain a qualifying activity to participate in;

(f) A request for a finding of good cause under this section shall not be approved unless the required attestation and certification are received by the department.

(g) The department shall use the documentation received to determine if the community engagement requirement would have been met if not for the good cause.

He-W 837.12 Crediting a Finding of Good Cause Toward the Required Community Engagement Hours.

(a) A finding of good cause shall be credited toward the monthly community engagement requirement as follows:

- (1) For a beneficiary who experiences the birth or death of a family member residing with the beneficiary, 8 hours per day for each day the beneficiary attested being unable to participate;
- (2) For a beneficiary who experiences severe inclement weather including a natural disaster, 8 hours per day for each day the beneficiary attested being unable to participate;
- (3) For a beneficiary who has a family emergency or other life changing event such as divorce, 8 hours per day for each day the beneficiary attested being unable to participate;
- (4) For a beneficiary who is a victim of domestic violence, dating violence, sexual assault or stalking, 8 hours per day for each day the beneficiary attested being unable to participate or the date range specified in the court order;
- (5) For a beneficiary who is a custodial parent or caretaker of a child 6 to 12 years of age who is unable to secure child care in order to participate in qualifying community engagement, 8 hours per day for each day the beneficiary attested being unable to participate;
- (6) For a beneficiary with a disability who was unable to meet the requirement for reasons related to that disability, for each day the beneficiary was unable to participate, or, if no date range is indicated, 100 hours per month for each month the beneficiary was unable to participate;
- (7) For a beneficiary residing with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, 8 hours a day for each day the beneficiary was unable to participate, or, if no date range is indicated, 100 hours per month for each month the beneficiary was unable to participate;
- (8) For a beneficiary who experiences a hospitalization or serious illness, but was not exempted from the community engagement requirement:
 - a. For inpatient hospitalization, 100 hours per month for each month the beneficiary was unable to participate; or
 - b. For outpatient hospitalization or serious illness, 8 hours per day for each day the beneficiary was unable to participate as documented through self-attestation or certification by a medical professional;
- (9) For a beneficiary who resides with an immediate family member who experienced a hospitalization or serious illness, but the beneficiary was not exempted from the community engagement requirement:
 - a. For inpatient hospitalization, 8 hours per day for each day the beneficiary attested being unable to participate; or

b. For outpatient hospitalization or serious illness, 8 hours per day for each day the beneficiary was unable to participate as documented through self-attestation or certification by a medical professional;

(10) For a beneficiary who is homeless or unable to find stable housing, 8 hours per day for each day the beneficiary attested being unable to participate;

(11) For other good cause, 8 hours per day for each day the beneficiary attested being unable to participate;

(b) If the beneficiary's good cause did not cover the number of deficit hours in that month, the beneficiary shall be determined noncompliant for the month, resulting in the beneficiary's responsibility to cure as required in He-W 837.09(a)(1).

(c) For the reporting of extra employment hours due to a temporary increase in monthly employment hours for seasonal or other work that is above the beneficiary's average monthly employment hours, the reporting of additional hours shall be limited to 2 consecutive months.

He-W 837.13 Limitation on the Repeated Consecutive Use of Curing to Meet the Community Engagement Requirement.

(a) Beginning May 1, 2020, a beneficiary who engages in the repeated consecutive use of cure for 12 months immediately prior to redetermination, shall be suspended at redetermination.

(b) Following suspension in (a) above, a beneficiary may reactivate eligibility under this section by providing 100 hours of community engagement within a single calendar month.

(c) Reactivation shall be effective on the date the 100 community engagement hours are reported to the department.

(d) After reactivation in (d) above, a beneficiary's participation start date shall be the 1st of the month following the month in which the beneficiary's eligibility is reactivated.

He-W 837.14 Extra Hours. A beneficiary shall not be permitted to carry-over hours in excess of the 100-hour requirement in order to satisfy the community engagement requirement.

He-W 837.15 Disenrollment and Reconsideration.

(a) A beneficiary who is suspended for noncompliance with the community engagement requirement, and fails to cure that suspension during redetermination, shall be dis-enrolled from granite advantage.

(b) A dis-enrolled beneficiary shall be re-enrolled as follows:

(1) Within 90 days of disenrollment, a beneficiary may return to granite advantage by providing 100 hours of community engagement within a single calendar month;

(2) Upon the department's receipt of the reported 100 hours in (b)(1) above, the beneficiary eligibility shall be reopened as of the date that the hours are reported to the department; and

- (3) The beneficiary's participation start date shall be the 1st of the month following the report in (b)(2) above.
- (c) A beneficiary who is compliant with the community engagement requirement at redetermination but whose eligibility is terminated at redetermination for other reasons may, within 90 days of disenrollment, return to granite advantage by:
 - (1) Satisfying any outstanding medicaid redetermination requirements pursuant to 42 CFR 435.119, 42 CFR 435.916, He-W 606, and He-W 684;
 - (2) Upon satisfying any outstanding redetermination requirements, the beneficiary's eligibility shall be reactivated to the date of closure; and
 - (3) The beneficiary shall resume the reporting of community engagement hours the 1st of the month following the month that the outstanding redetermination requirements are met.

He-W 837.16 Re-Application.

- (a) A beneficiary may reapply for medicaid at any time after disenrollment.
- (b) If a beneficiary reapplies, the following shall apply:
 - (1) A beneficiary who was dis-enrolled at redetermination and who reapplies after 90 days, but within 6 months and is determined eligible, shall begin to report community engagement hours on the 1st of the month following the month in which the application is filed;
 - (2) A beneficiary who was disenrolled at redetermination and who reapplies 6 or more months thereafter and is determined eligible, shall in accordance with He-W 837.03 have until the first full month following 75 calendar days from the date of their eligibility determination before they are required to meet the 100-hour community engagement requirement; and
 - (3) For purposes of this section, the 6-month period shall be calculated using 182 days (365/2 rounded down).

He-W 837.17 Screening for Other Bases of Medicaid Eligibility Prior to Termination, Disenrollment or Denial of Eligibility. Termination, disenrollment, or denial of eligibility shall only occur after a beneficiary is screened and determined to be ineligible for all other bases of medicaid eligibility and reviewed for eligibility for insurance affordability programs in accordance with 42 CFR 435.916(f).

He-W 837.18 Appeals.

- (a) A beneficiary may appeal the department's decision to deny an exemption under He-W 837.04, denying a request for good cause under, or suspending, denying, or terminating the beneficiary's eligibility for failing to meet the community engagement requirement under He-W 837.03 by filing a request for an appeal with the department's administrative appeals unit in accordance with He-C 200.
- (b) The department shall not suspend, deny, or terminate the beneficiary's eligibility under (a) above if the beneficiary:

- (1) Submits a hearing request to the local district office within 30 days from the date on the written notice of adverse decision; and
- (2) Submits a request to the local district office for a continuation of benefits during the appeal process within 15 days of the date on the written notice of adverse decision.

He-W 837.19 Other Department Obligations.

(a) The department shall periodically assess compliance with the community engagement requirement in labor market areas, within the state, to assess whether mitigation strategies are needed so that the community engagement requirement is not unreasonably burdensome. The department shall examine the following:

- (1) Areas that experience high rates of unemployment
- (2) Areas with limited economies and educational opportunities; and
- (3) Areas with a lack of public transportation.

(b) The department shall provide information and assistance to beneficiaries, including information on community engagement activities, exemptions from participation in the community engagement requirement, good cause exemptions, and the opportunity to cure to facilitate beneficiaries' compliance with the program's community engagement requirement.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-W 837.04(a)(1)a.	ASAM Criteria: Treatment Criteria for Substance- Related, Addictive, and Co-Occurring Conditions, 3 rd edition (2013)	Publisher: American Society of Addiction Medicine (ASAM). The ASAM Criteria (2013) can be purchased online through the ASAM website at: http://www.asamcriteria.org/ . Cost = \$95 (non-members) or \$85 (members). Discounts are available for large purchases.

APPENDIX B

Rule Section	Statute Implemented
He-W 837.01	RSA 126-AA; 42 U.S.C. 12101 et seq.; Pub. L. No. 93-112; Pub. L. 111-148; 42 CFR 435.916
He- W 837.02	42 CFR 435.603(a)-(h)
He- W 837.03	RSA 126-AA
He W 837.04	RSA 126-AA; RSA 167:82,II(g); 42 CFR 435.4; 42 CFR 440.315(f)
He- W 837.05	RSA 126-AA; RSA 167:3-i; RSA 167:6, IV-VI; RSA 167:3-e; RSA 167:3-f; 42 U.S.C.1396a(a)(10)(A)(ii)(XV); 42 CFR 435.4; 42 CFR 435.121; 42 U.S.C. 1396a(e)-(f); 42 U.S.C. 1396n; 42 U.S.C. Chapter 7; 42 U.S.C. 1381 et seq.
He- W 837.06	RSA 126-AA
He- W 837.07	RSA 126-AA; RSA 641:3; RSA 167:82,II(g)
He- W 837.08	RSA 126-AA; 45 CFR 475
He- W 837.09	RSA 126-AA; 45 CFR 400.75
He- W 837.10	RSA 126-AA; 42 U.S.C. 12101 et seq.
He- W 837.11	RSA 126-AA
He- W 837.12	RSA 126-AA; 24 CFR 5.2005; 24 CFR 5.2009
He-W 837.13	RSA 126-AA
He-W 837.14	RSA 126-AA; 24 CFR 5.2005; 24 CFR 5.2009
He-W 837.15	RSA 126-AA
He-W 837.16	RSA 126-AA; 42 CFR 435.916(f)
He-W 837.17	RSA 126-AA
He-W 837.18	RSA 126-AA
He-W 837.19	RSA 126-AA

○	Community Service or Public Service (Volunteer) Enter total hours here →	
	Please list the agency name, contact person, contact information (phone or email), date(s) and number of hours that you worked for each place where you volunteered or provided community or public service during the month. Enter the total number of hours for the month above.	

○	Caregiver Services For a Non-Dependent Relative or Other Person With a Disabling Condition Enter total hours here →	
	Please provide the name and contact information (phone or email) for the non-dependent relative or other person with a disabling condition for whom you provided caregiver services. Please describe the caregiver services that you provided and indicate the number of hours that these services were provided during the month. Enter the total number of hours for the month above.	
○	Participation in Outpatient Substance Use Disorder Services Enter total hours here →	
	Please identify the agency or organization where you are receiving services and the number of hours not exceeding 40 hours, that you participated in those services during the month. Enter the total number of hours for the month above.	

Instructions for Completing the Form

1. Complete your beneficiary information and sign and date the top section of the form.
2. After reviewing the descriptions of qualifying community engagement activities below, fill in the circle in the far-left column of the row which applies to the qualifying community engagement activity that you are reporting.
3. Enter the total number of hours for the month in the far right column of the row which applies to the qualifying community engagement activity that you are reporting.
4. You **MUST** return this form to the Department of Health and Human Services either in person, by mail at the address on the top of the first page, by fax to (603) 271-5623, or by submitting the form through NH EASY. The form can be submitted to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form.

Descriptions of Qualifying Community Engagement Activities

<p>Job Search and Job Readiness</p>	<p>This activity includes but is not limited to participation in job search or job training activities offered through the Department of Employment Security or through other job search or job readiness assistance program such as Workforce Innovation and Opportunity Act (WIOA) or Work Ready New Hampshire. Time spent in any assessment, training, enrollment or case management activity that is necessary for participation in this activity is credited toward job search and job readiness assistance hours. Attestation must include the type and duration of the activity.</p>
<p>Community Service or Public Service (Volunteer)</p>	<p>This activity requires attestation of where and when the community or public service was performed and the number of hours worked. The attestation must include contact information for the community service or public service agency.</p>
<p>Caregiver Services For a Non-Dependent Relative or Other Person With a Disabling Condition</p>	<p>This activity is for caregiving services provided to a non-dependent relative or other person with a disabling medical, mental health or developmental condition. It requires attestation by the beneficiary as to the services provided including the name of the non-dependent relative or other person with a disabling condition and the number of hours of caregiving services provided.</p>
<p>Participation in Outpatient Substance Use Disorder Services</p>	<p>This activity is for participation in ASAM Level 1 outpatient substance use disorder services, including medication assisted treatment, and recovery supports. It requires self-attestation of the number of hours that the beneficiary participated in the services up to 40 hours per month.</p>

Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information
Granite Advantage Health Care Program

This form authorizes a licensed medical professional to release to the Department of Health and Human Services (Department) a beneficiary's protected health information (PHI) related to the licensed medical professional's certification of the beneficiary as medically frail. This form should be completed by the beneficiary and given to the licensed medical professional who is completing the Licensed Medical Professional Certification of Medical Frailty Form.

The beneficiary **MUST** return a copy of this form along with a copy of the Licensed Medical Professional Certification of Medical Frailty Form to the Department. The forms may be sent to the Department by mail at the address above, by fax to 603-271-5623, by submitting forms to NH EASY, or bringing the forms to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may upload the forms to NH EASY or bring the forms to their local district office **only** if the licensed medical professional has certified that the beneficiary is medically frail.

Part I. Beneficiary Information (please print)

Last Name:	First Name, Middle Initial:	Date of Birth MM/DD/YYYY
Residential Street Address (if homeless write N/A):	City, State, Zip Code:	Phone #: ()

Part II. Purpose of the Disclosure The purpose of the disclosure of PHI pursuant to this release is to verify the licensed medical professional certification that the beneficiary is medically frail and that the beneficiary is accordingly exempt from the Granite Advantage Health Care Program community engagement requirements. I understand that if I do not authorize the release of this information, I will not be able to demonstrate that I qualify for an exemption with the necessary completion of the Licensed Medical Professional Certification of Medical Frailty Form.

Please check all that apply below:

- I hereby authorize the following licensed medical professional to disclose my protected health information for the purposes described above:

Name of Medical Professional: _____
 Organization: _____ Telephone #: (____) ____--_____
 Address: _____

- In addition, I hereby authorize the following specific disclosures (Place your initials on the line by those statements which apply)

_____ I specifically authorize the release of my mental health treatment records.
 _____ I specifically authorize the release of my HIV and AIDS results and/or treatment.
 _____ I specifically authorize the release of my alcohol and/or drug abuse treatment records in accordance with 42 CFR Part 2.

_____ Other (specify): _____.

- I give authorization for my protected health information to be released to the following individual or organization:
Name: Granite Advantage Health Care Program Manager
Organization: Department of Health and Human Services
Address: DHHS, Granite Advantage Health Care Program, P.O. Box 3778, Concord, NH 03302-3778 or Fax# 603-271-5623
- I understand this authorization may be revoked by notifying the Department of Health and Human Services in writing to the address above.
- This authorization will expire one year from the date it is signed.

Signature of Beneficiary or Duly Authorized Legal Representative

Date

If you have any questions regarding this form, please call the Department's Medicaid Customer Services number at 1-844-275-3447 (1-844-ASK-DHHS).

O	<p>Enrollment at an Accredited Community College, College or University</p> <p style="text-align: right;">Enter total hours here →</p>	
	<p>Please provide:</p> <p>The name of the college or university: _____;</p> <p>The semester start date (MM,YYYY): _____;</p> <p>The semester end date (MM,YYYY): _____,</p> <p><u>Attach a copy of your class schedule</u> which indicates the number of credit hours assigned for the enrolled classes. Multiply the number or credit hours for all enrolled classes by 4.33 and enter the total number of hours to be credited each month for the duration of your participation in the activity.</p>	
O	<p>Vocational Educational Training</p> <p style="text-align: right;">Enter total hours here →</p>	
	<p>Please provide:</p> <p>The name of the institution: _____;</p> <p>The training start date (MM,YYYY): _____;</p> <p>The training end date (MM,YYYY): _____,</p> <p><u>Attach documentation of your enrollment</u> in the training program. Community engagement hours will be credited at 100 hours per month for the duration of your participation in the training program activity.</p>	
O	<p>Education Directly Related to Employment (Beneficiary Has Not Received a High School Diploma or GED)</p> <p style="text-align: right;">Enter total hours here →</p>	
	<p>Please provide:</p> <p>The name of the program or activity: _____;</p> <p>The program or activity start date (MM,YYYY): _____;</p> <p>The program or activity end date (MM,YYYY): _____,</p> <p><u>Attach documentation of your enrollment</u> in the program or activity. Community engagement hours will be credited at 100 hours per month for the duration of your participation in the program or activity.</p>	

O	High School or Equivalent	Enter total hours here →
	<p>Please provide:</p> <p>The name of the high school or equivalency program: _____;</p> <p>The high school or equivalency program start date (MM,YYYY): _____;</p> <p>The high school or equivalency program end date (MM,YYYY): _____,</p> <p><u>Attach documentation of your enrollment</u> in the high school or equivalency program. Community engagement hours will be credited at 100 hours per month for the duration of your participation in high school or an equivalency program.</p>	

Instructions for Completing the Form

1. Please complete your beneficiary information and sign and date the top section of the form on the first page.
2. After reviewing the descriptions of qualifying community engagement activities below, fill in the circle in the far-left column of the row which applies to the qualifying community engagement activity that you are reporting.
3. Enter the total number of hours to be credited each month for the duration of your participation in the activity in the far right column of the row which applies to the qualifying community engagement activity that you are reporting.
4. Attach the necessary documentation to the form.
5. You **MUST** return this form to the Department of Health and Human Services either in person, by mail at the address at the top of the first page, by fax to (603) 271-5623 or by submitting the form (and the required documentation) to NH EASY. The form and required documentation can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form.

Descriptions of Qualifying Community Engagement Activities

Job Skills Training Related to Employment	This activity requires documentation of enrollment in a job skills training program that includes the duration of the program and the number of hours that the beneficiary is participating in the activity.
Enrollment at an Accredited Community College, College or University	This activity requires enrollment at an accredited community college, college or university that is counted on a credit hour basis. Documentation of enrollment must include a copy of the beneficiary’s class schedule, the number of credit hours assigned for the enrolled class(es) and the semester begin and end date. The number of community engagement hours that are credited toward the community engagement requirement each month is determined by multiplying the number of credit hours assigned for the enrolled class(es) by 4.33.
Vocational Educational Training	This activity requires documentation of enrollment in a vocational education training program that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary’s participation in the activity not to exceed 12 months.
Education Directly Related to Employment (Beneficiary Has Not Received a High School Diploma or GED)	This activity is for participation in education directly related to employment in the case of a beneficiary who has not received a high school diploma or certificate of high school equivalency. The activity requires documentation of enrollment that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary’s participation in the activity.

High School or Equivalent	This activity requires satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence and requires documentation of enrollment that includes the duration of the activity. Community engagement hours are credited at 100 hours per month for the duration of the beneficiary's participation in the activity.
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Section III. Licensed Medical Professional Section

As a licensed medical professional caring for this beneficiary, I hereby certify (based on the description of the exemptions provided in the instructions to this form) that the beneficiary meets the qualifications for the exemption(s) requested in Section II.

This certification is valid through (may not exceed one year):

M		M	Y		Y		Y		Y
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Provider Name (Please Print):	NPI #
Date	Contact #: ()

Provider Signature: _____

Instructions For Completing the Form

Beneficiary Instructions:

1. Complete your beneficiary information and sign the top section of the form.
2. After reviewing the description of the various exemptions below, fill in the circle in the far-left column of the row which applies to the exemption(s) that you are requesting.
3. If you are requesting an exemption as a parent or a caretaker, enter the name and DOB of the person being cared for.
4. If the exemption type requires certification by a licensed medical professional, request that the licensed medical professional complete Section III of the form.
5. You **MUST** return this form to the Department of Health and Human Services either by mail at the address on top of the first page, by fax to 603-271-5623, by submitting the form to NH EASY, or bringing the form to your local district office. Log on to nheasy.nh.gov, go to "MANAGE COMMUNITY ENGAGEMENT", click "Request Exemption", select the exemption, and submit the form. You may submit to NH EASY or bring to your local district office the exemption form that requires certification by a licensed medical professional **only** if the licensed medical professional has certified that you meet the qualifications for an exemption.

Licensed Medical Professional Instructions:

1. Review the Description of Exemptions below and the exemption(s) that the beneficiary has selected in Section II of the form for accuracy.
2. Enter the certification end-date for the exemption if known.
3. Fill in your provider information and sign the bottom section of the form.
4. If you are submitting this form on behalf of the beneficiary, please send it to the return address on the front page, or fax it to 603-271-5623.

Description of Exemptions

Participation in State Certified Drug Court Program	The beneficiary is participating in a state certified drug court program that has been certified by the administrative office of the superior court. This requires a copy of the court order.
Parent/Caretaker of Dependent Child Under 6	The beneficiary is a custodial parent or caretaker of a dependent child under 6 years of age. Enter the name and DOB of the child.
Pregnant or Within 60 Days Post-partum	The beneficiary is pregnant or within 60 days post-partum. Enter the due date.
ADA Disability	The beneficiary has a disability as defined by the Americans with Disabilities Act (ADA) and is unable to comply with the community engagement requirement due to disability-related reasons. This exemption requires that a licensed medical professional certify the ADA disability.
Caretaker Residing With Immediate Family Member with ADA Disability	The beneficiary resides with an immediate family member who has a disability as defined by the Americans with Disabilities Act (ADA) and is unable to meet the community engagement requirement for reasons related to the disability of that family member. This exemption requires that a licensed medical professional certify the family member's disability.

Illness, Incapacity or Treatment Including Inpatient or Residential Outpatient Treatment	The beneficiary is unable to participate in the requirements due to serious illness, hospitalization, incapacity, or treatment, including inpatient or residential outpatient treatment. This exemption includes the beneficiary's participation in inpatient and residential outpatient substance use disorder treatment or in intensive outpatient substance use disorder services that is consistent with ASAM Levels 2.1 and above. This exemption requires a licensed medical professional certify the illness, incapacity or treatment including inpatient or residential outpatient treatment.
Hospitalization or Serious Illness	The beneficiary experiences a hospitalization or serious illness. This exemption requires copies of discharge summaries, or financial or billing information, documenting the hospitalization or serious illness or dates of stay.
Caretaker Residing With Immediate Family Member Who Experiences Hospitalization or Serious Illness	The beneficiary resides with an immediate family member who experiences a hospitalization or serious illness. This exemption requires copies of discharge summaries, or financial or billing information, documenting the hospitalization or serious illness or dates of stay.
Parent/Caretaker of Developmentally Disabled Child	The beneficiary is a custodial parent or caretaker of a child with developmental disabilities who is residing with the parent or caretaker. This exemption requires that a licensed medical professional certify the child's developmental disability.
Parent/Caretaker of Family Member Requiring Care	The beneficiary is a custodial parent or caretaker who is required to be in the home to care for another relative who resides in the same household due to that individual's illness, incapacity or disability and there is no other household member to provide the care.



Licensed Medical Professional Certification of Medical Frailty
 -
Granite Advantage Health Care Program

This certification is to be completed by a licensed medical professional who is qualified to assess the beneficiary for “medical frailty”. This certification will be used to support the determination that the beneficiary is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The beneficiary **MUST** return this form along with a copy of the BFA Form 320 Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information Form to the Department. The forms may be sent to the Department by mail (at the address above), by fax to 603-271-5623, by submitting the forms through NH EASY, or bringing them to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may submit the forms to NH EASY or bring the forms to their district office **only** if the licensed medical professional has certified that the beneficiary is medically frail.

“Medically frail” means a beneficiary, as defined in 42 CFR 440.315(f), with a disabling mental disorder, chronic substance use disorder, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by a medical professional.

Part I. Beneficiary Information (please print)

Last Name:	First Name, Middle Initial:	Medicaid ID #:
Residential Street Address (if homeless write N/A)	City, State, Zip Code:	Phone #: ()
Date of Birth MM/DD/YYYY	Gender M F	

Part II. Licensed Medical Professional Certification

As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified in Part III below:

Part III. Medically Frail Condition

Please check ALL the appropriate boxes in the table that best defines the medically frail condition of the beneficiary:	
Definition	Category

Individuals with disabling mental health disorders	<input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizoaffective disorder <input type="checkbox"/> Major depression <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Delusional disorder <input type="checkbox"/> Obsessive-compulsive disorder <input type="checkbox"/> Other mental health condition: specify _____
Individuals with substance use disorders	<input type="checkbox"/> The beneficiary has a diagnosis of substance use disorder consistent with DSM-V* criteria. <small>*DSM-V means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.</small>
Individuals with serious and complex medical conditions	<input type="checkbox"/> The individual meets criteria for hospice services, OR <input type="checkbox"/> The individual has a serious and complex medical condition AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with a physical disability	<input type="checkbox"/> The individual has a physical disability AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs).
Individuals with an intellectual or developmental disability	<input type="checkbox"/> The individual has an intellectual disability or a developmental disability as described below AND the condition significantly impairs the ability to perform one or more activities of daily living (ADLs) <ul style="list-style-type: none"> ○ Intellectual Disability means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior ○ Developmental Disability means a disability attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability, (or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that for persons with an intellectual disability), that is manifested before the age of 22 and that reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of a lifelong or extended duration and are individually planned and coordinated.

Additional provider notes including any other considerations that should be given to support "Medical Frailty" of this individual:

This certification is valid through MM/DD/YYYY (May not exceed one year).

Provider Name (Please print):	NPI #
Date	Contact #: ()

Provider Signature:

	Good Cause Reason	Attestation and Certification	Crediting a Finding of Good Cause
<input type="radio"/>	Domestic violence	Court Order OR Self-Attestation	Date range specified in Court Order at 8 hrs/day OR # of days at 8 hrs/day _____
<input type="radio"/>	ADA disability	Self-attestation AND Certification by licensed medical professional	Date range specified by licensed medical professional at 8 hrs/day OR If no date range indicated, 100 hours. _____
<input type="radio"/>	Caretaker Residing with Immediate Family Member with ADA Disability	Self-Attestation AND Certification by licensed medical professional of family member's disability and duration.	Date range specified by licensed medical professional at 8 hrs per/day OR If no date range indicated 100 hours _____
<input type="radio"/>	Inpatient Hospitalization	Self-Attestation AND Medical documentation to substantiate	100 hrs/month.
<input type="radio"/>	Outpatient Hospitalization or Serious Illness	Self-Attestation AND Medical documentation to substantiate	Date range specified by licensed medical professional at 8 hrs per/day OR If no date range indicated # days at 8 hrs/day _____
<input type="radio"/>	Caretaker Residing with Immediate Family Member Who Experiences Inpatient Hospitalization	Self-Attestation AND Medical documentation to substantiate family member's hospitalization	# of days at 8 hrs/day _____
<input type="radio"/>	Caretaker Residing with Immediate Family Member Who Experiences Outpatient Hospitalization or Serious Illness	Self-Attestation AND Medical documentation to substantiate family member's hospitalization or serious illness	Date range specified by licensed medical professional at 8 hrs per/day OR If no date range indicated # days at 8 hrs/day _____
<input type="radio"/>	Good Cause Related to a Temporary Increase in Monthly Employment Hours	Self-Attestation	# of extra employment hours _____
<input type="radio"/>	Other Good Cause	Self-Attestation	# of other good cause days at 8 hrs/day _____

For any Parent or Caretaker good cause above, enter the information for the person being cared for below:

Full Name:

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last First

Date of Birth:

M		M		D		D		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

Licensed Medical Professional Certification

A showing of good cause for “ADA disability” or “Caretaker Residing with Immediate Family Member with ADA Disability” requires certification by a licensed medical professional. As a licensed medical professional caring for this beneficiary or for a beneficiary’s family member with a disability, I hereby certify that:

- The beneficiary is disabled and unable to meet the community engagement requirement for reasons related to their disability; or
- The family member identified above is disabled

The duration of the disability of the beneficiary or family member if known is:

M M	D D Y Y
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Provider Name (Please Print):	NPI #
Date	Contact #: ()

Provider Signature: _____

Instructions for Completing the Form

1. Complete your beneficiary information and sign the top section of the form.
2. After reviewing the descriptions of good cause below, fill in the circle in the far-left column of the row which applies to the good cause that you are requesting.
3. If you are requesting good cause as a parent or a caretaker, enter the name and date of birth off the person being cared for.
4. If the good cause type requires certification by a licensed medical professional, ask the licensed medical professional to complete the Licensed Medical Professional Certification section of the form.
5. If the good cause type requires medical documentation, attach the necessary documentation to this form.
6. The beneficiary MUST return this form to the Department of Health and Human Services either by mail at the address above, by fax to (603) 271-5623 or by submitting the form through NH EASY, or bringing the form to a local district office. The form can be submitted to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form. A beneficiary may submit the Good Cause form that requires certification by a licensed medical professional to NH EASY or bring to their local district office **only** if the licensed medical professional has certified that the beneficiary meets the required qualifications.

Licensed Medical Professional Instructions:

1. Review the Descriptions of Good Cause below for “ADA disability” or “Caretaker Residing with Immediate Family Member with ADA Disability” that the beneficiary has selected.

BFA SR 19-03

2. If, the beneficiary is disabled and unable to meet the community engagement requirement for reasons related to their disability or if the beneficiary's immediate family member identified above is disabled, select the appropriate certification box.
3. Enter the good cause end-date if known.
4. Fill in your provider information and sign the bottom section of the form.
5. If you are submitting this form on behalf of the beneficiary, please send it to the return address on the front page or fax it to (603) 271-5623.
6. If you determine that the beneficiary or the beneficiary's immediate family member is **not** disabled, please return this form directly to the department at the address on the front page or fax it to (603) 271-5623.

Descriptions of Good Cause

Birth or Death of a Family Member	For a beneficiary who experiences the birth or death of a family member residing with the beneficiary, a showing of good cause requires self-attestation of the event to include the name of the family member, the date of the event and the family member's relationship to the beneficiary as well as the number of community engagement hours that the beneficiary was unable to complete due to the circumstance at 8 hours per day.
Severe Inclement Weather	For a beneficiary who experiences severe inclement weather including a natural disaster, a showing of good cause requires the date(s) of the event and self-attestation of the number of days the beneficiary was unable to participate due to the circumstance at 8 hours per day.
Family Emergency or Life Changing Event	For a beneficiary who has a family emergency or other life changing event such as divorce, a showing of good cause requires self-attestation of the nature of the family emergency or life changing event to include the number of days that the beneficiary was unable to participate due to the circumstance at 8 hours per day.
Parent/caretaker of Child 6-12 Unable to Secure Child Care	For a beneficiary who is a custodial parent or caretaker of a child 6 to 12 years of age and who is unable to secure child care in order to participate in qualifying community engagement either due to a lack of child care scholarship or the inability to obtain a child care provider due to capacity, distance, or another related factor, a showing of good cause requires monthly self-attestation of the inability to secure child care and the number of hours the beneficiary was unable to complete due to the circumstance at 8 hours per day.
Homeless or Unable to Find Stable Housing	For a beneficiary who is homeless or unable to find stable housing, a showing of good cause requires self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day.

Domestic Violence	For a beneficiary who is a victim of domestic violence, dating violence, sexual assault or stalking, a showing of good cause requires a copy of the court order which indicates that the beneficiary was the victim of domestic violence, dating violence, sexual assault or stalking OR the beneficiary's self-attestation of domestic violence, dating violence, sexual assault or stalking. Hours will be credited based on the date range specified in the court order at 8 hours per day or based on the beneficiary's self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day.
ADA Disability	For a beneficiary who has a disability and was unable to meet the requirement for reasons related to that disability but was not exempted from community engagement requirements, a showing of good cause requires self-attestation that the beneficiary was unable to meet the community engagement requirement for reasons related to the disability AND certification by a licensed medical provider of the beneficiary's inability to meet the community engagement requirement for reasons related to the disability. Hours will be credited based on the date range specified by the beneficiary's medical provider at 8 hours per day or if no date range is indicated, 100 hours for one month.
Caretaker Residing with Immediate Family Member with ADA Disability	For a beneficiary who resides with an immediate family member who has a disability, and was unable to meet the requirement for reasons related to the disability of that family member, but was not exempted from community engagement requirements, a showing of good cause requires attestation by the beneficiary of the number of days the beneficiary was unable to meet the community engagement requirement for reasons related to that disability AND certification by the family member's licensed medical provider specifying the family members disability and the duration, if know. Hours will be credited based on the date range specified by the family member's medical provider at 8 hours per day or if no date range is indicated, 100 hours for one month.
Inpatient Hospitalization	For a beneficiary who experienced inpatient hospitalization but was not exempted from community engagement requirements a showing of good cause requires attestation of the number of days of the hospitalization AND copies of the beneficiary's discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness . Hours for inpatient hospitalization will be credited at 100 hours for one month.
Outpatient Hospitalization or Serious Illness	For a beneficiary who experienced outpatient hospitalization or serious illness but was not exempted from community engagement requirements a showing of good cause requires attestation of the number of days of hospitalization or serious illness AND copies of the discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness. Hours for outpatient hospitalization or serious illness will be credited based on the date range specified by the beneficiaries medical provider at 8 hours per day or if no date range is indicted based on the beneficiaries self-attestation of the number of hours at 8 hours per day.

<p>Caretaker Residing with Immediate Family Member who Experiences Inpatient Hospitalization or Serious Illness</p>	<p>For a beneficiary who resides with an immediate family member who experienced inpatient hospitalization or serious illness, but the beneficiary was not exempted from community engagement requirements, a showing of good cause requires attestation by the beneficiary of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day AND copies of the family member’s discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness that would substantiate the inpatient hospitalization or serious illness. Hours will be credited based on the date range specified by the family member’s medical provider at 8 hours per day or if no date range is indicated, based on the beneficiaries self-attestation of the number of hours at 8 hours per day.</p>
<p>Caretaker Residing with Immediate Family Member who Experiences Outpatient Hospitalization or Serious Illness</p>	<p>For a beneficiary who resides with an immediate family member who experienced outpatient hospitalization or serious illness, but the beneficiary was not exempted from community engagement requirements, a showing of good cause requires attestation by the beneficiary of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day AND copies of the family member’s discharge summaries, or financial or billing information that would substantiate the hospitalization or serious illness that would substantiate the outpatient hospitalization or serious illness. Hours will be credited based on the date range specified by the family member’s medical provider at 8 hours per day or if no date range is indicated, based on the beneficiaries self-attestation of the number of hours at 8 hours per day.</p>
<p>Good Cause Related to a Temporary Increase in Monthly Employment Hours</p>	<p>A temporary increase in monthly employment hours for seasonal or other work that is above the beneficiary’s average monthly employment hours as determined in He-W 837.15(a)(11)(b) may be reported as good cause. The reporting of additional employment hours as good cause under this section shall be limited to 2 consecutive months.</p>
<p>Other Good Cause</p>	<p>Other good cause requires self-attestation of the circumstances beyond the beneficiary’s control which relate to the beneficiary’s ability to obtain or retain a qualifying activity to participate in and the number of hours the beneficiary was unable to complete at 8 hours per day.</p>

