

**Readopt with amendment He-W 880.01, effective 1-26-23 (Document #13536), to read as follows:**

**PART He-W 880 INITIATION OF MEDICAL ASSISTANCE**

**He-W 880.01 Initiation of Medical Assistance.**

(a) Unless otherwise specified, eligibility for categorically needy and medically needy medical assistance shall begin the day of application if all eligibility requirements are met on that date.

(b) The monthly spenddown period for in and out medically needy medical assistance shall begin no earlier than the date of application and continue for one calendar month from that date.

(c) If all eligibility requirements are not met on the date of application, eligibility for categorically needy and medically needy medical assistance shall begin the day of the month in which all eligibility requirements are met.

(d) If a newborn child is added to the assistance group, eligibility shall begin on the date of birth.

(e) In and out medically needy medical assistance shall begin on the day of the month in which incurred medical costs equal or exceed the amount of the spenddown.

(f) If application is made for retroactive categorically needy or medically needy medical assistance as well as individuals enrolled in modified adjusted gross income (MAGI) based medical assistance, medical assistance shall be provided for each of the ~~23~~ retroactive months directly preceding the month of application for which eligibility has been established, pursuant to He-W 880.02 and 42 CFR 435.915. Individuals enrolled in MAGI based medical assistance, in the adult expansion group, as defined in 42 CFR 435.119, medical assistance shall be provided for one retroactive month directly preceding the month of application in which eligibility has been established.

(g) Eligibility for a retroactive month under (f) above shall be determined beginning with the day prior to the application date back to the same date in the retroactive month, if all eligibility factors are met at any time during that month.

(h) If application is made for retroactive in and out medically needy medical assistance under (f) above, medical assistance shall be determined separately for each of the ~~23~~ retroactive months, pursuant to 42 CFR 435.915.

(i) Eligibility for a retroactive month for in and out medically needy medical assistance under (f) above shall begin on the day of the month in which incurred medical costs equal or exceed the amount of the spenddown.

(j) When aid to the needy blind (ANB) or aid to the permanently and totally disabled (APTD) categorically or medically needy medical assistance is denied by the department of health and human services or the social security administration (SSA) decision and the department's or the SSA's decision is subsequently reversed, medical assistance shall be determined beginning on the date of application, provided that:

(1) All general, technical, and categorical eligibility requirements are met; and

(2) Any of the following apply:

a. The department's reversal is based on review of medical information prior to an administrative appeal;

- b. The SSA reversal is based on the reconsideration or appeal procedure required by SSA; or
- c. The department's decision is reversed in accordance with He-C 201.

**APPENDIX**

| <b>Rule</b> | <b>Specific State or Federal Statutes or Regulations the Rule Implements</b>   |
|-------------|--------------------------------------------------------------------------------|
| He-W 880.01 | 42 CFR 435.911; 42 CFR 435.912; 42 CFR 435.915; 42 CFR 435.119; RSA 167:3-c, I |