Adopt He-W 837 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 100 hours per calendar month in one or more community engagement activities.

(d) "Cure" means satisfying the community engagement requirement for a noncompliant month by: making up the deficit hours for the month that resulted in noncompliance, demonstrating good cause, or providing verification of an exemption status.

(e) "Deficit hours" means the number of hours 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 activity.

(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 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.

(k) "Immediate family member" means a spouse, children, mother-in-law, father-in-law, parents, step-parents, step-children, step-brothers, step-sisters, grandparents, grandchildren, brothers, sisters, legal guardians, daughters-in-law, sons-in-law and foster children.

(l) "Mandatory" means the beneficiary is required to participate in the community engagement requirement.

(m) "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 and alcohol counselor (LDAC), or a board-certified psychologist.

(n) "Medicaid" means the Title XIX and Title XXI programs administered by the department, which makes medical assistance available to eligible individuals.

(o) "Medically frail" means an individual eligible under granite advantage who is exempt from community engagement requirements for 12 months and is certified as medically frail by a medical professional.

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

(q) "Redetermination" means the annual medicaid eligibility renewal process required by 42 CFR 435.916.

(r) "Voluntary" means a community engagement status in which an exempt 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. Unless exempt under He-W 837.04 below or able to demonstrate good cause under He-W 837.12 individuals enrolled in granite advantage shall engage in at least 100 hours per calendar month in one or more community engagement activities as a condition of their continued eligibility for the program.

He-W 837.04 Exemptions.

(a) Beneficiaries meeting one or more of the following exemptions shall not be required to complete community engagement qualifying activities to maintain eligibility:

(1) Persons 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 on Forms XX "xxx" and XX "xxxxx" that includes the duration and limitations of the disability;

a. This exemption shall include 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 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) Persons 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;

(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 who are certified by a licensed 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) A beneficiary who is otherwise exempt may request to participate voluntarily in the community engagement program.

He-W 837.05 Automatic Exemptions.

(a) Beneficiaries who fall within 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:

(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;

(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.

(b) An automatic exemption shall continue for as long as the particular circumstance continues to exist.

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 XXXX "xxxx" along with any required third party verification to the department.

He-W 837.07 Attestation and Verification of Request for Exemption; Duration of Exemptions.

(a) All beneficiaries shall attest under penalty of unsworn falsification pursuant to RSA 641:3 on Forms XXX "xxxx" and XXX "xxxx" 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.

(b) In addition to the attestation required in (a) above beneficiaries shall provide third party verification to the department for the following exemption types:

(1) For persons unable to participate due to illness, incapacity or treatment under He-W 837.04(a)(1) above, 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 persons participating in a state certified drug court program under He-W 837.04(a)(2), 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 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), 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 is received;

(4) For a custodial parent or caretaker of a child with developmental disabilities who is residing with the parent or caretaker, 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;

(5) For persons 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), 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 is received;

(6) 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):

a. Annual attestation of the beneficiary's inability to meet the community engagement requirement for reasons related to the disability of their family member;

b. Annual certification by the family member's physician specifying the family member's disability; and

c. The duration of this exemption shall be 1 year from the date that the required verification is received;

(7) For persons unable to participate due to hospitalization or serious illness under He-W 837.04(a)(9) copies of physician records, hospital records, admission or discharge summaries verifying the hospitalization or serious illness. The duration of this exemption shall be 1 month or the date range specified by the medical professional on Form XXX "xxxx" whichever is longer;

(8) For persons who are unable to participate due to hospitalization or serious illness of an immediate family member, copies of the family member's physician records, hospital records, admission or discharge summaries verifying the hospitalization or serious illness. The duration of this exemption shall be 1 month or the date range specified by the medical professional on Forms XXXX "xxxx" and XXX "xxxx" whichever is longer; and

(9) For persons identifying as medically frail under He-W 837.04(a)(11), annual certification by a medical professional on Forms XXX "xxxx" and XXX "xxxx" 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 is received.

(c) To the extent practicable, third party verification shall be submitted to the department with the community engagement exemption request Form XXX "xxxxx".

(d) A request for an exemption under this section shall not be considered complete until the required attestation and verification(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 community engagement hours requirement.

He-W 837.08 Qualifying Community Engagement Activities.

(a) 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:

(1) Unsubsidized employment including by non-profit organizations;

(2) Subsidized private sector employment;

(3) Subsidized public sector employment;

(4) On the job training;

(5) Job skills training related to employment;

(6) Enrollment at an accredited community college, college or university in New Hampshire that is counted on a credit hour basis;

(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;

(8) Vocational educational training not to exceed 12 months with respect to any individual;

(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;

(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;

(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;

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

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

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

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

(16) Participation in and compliance with the employment requirements of the refugee resettlement program pursuant to 45 CFR 475.

He-W 837.09 Verification of Community Engagement Activities and Credit Hours.

(a) Community engagement activities shall be verified and hours 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 a New Hampshire 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;

(4) For time spent participating in job search and job readiness efforts, monthly attestation of the type and duration of the activity shall be reported on Forms XXX "xxxx";

(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;

(8) For community service or public service under He-W 837.08(a)(11), attestation of where and when the community or public service was performed and the number of hours worked on Forms XXX "xxxx". The attestation shall include contact information for the community service or public service agency;

(9) For caregiving services for a non-dependent relative or other person with a disabling medical mental health or developmental condition, 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;

(10) For participation in ASAM Level 1, as set forth in ASAM Criteria (2013), outpatient substance use disorder services, including medication assisted treatment, and recovery supports, self-attestation 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

(12) 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.

He-W 837.10 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 include:

(1) Exemption from participation where an individual is unable to participate for disability-related reasons;

(2) 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.

He-W 837.11 Noncompliance and Suspension of Eligibility.

(a) If a beneficiary fails to meet the required community engagement hours, the department 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) Satisfies the community engagement requirement by making up the deficit hours for the month that resulted in noncompliance;

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

(3) Provides verification of an exemption status; or

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

He-W 837.12 Good Cause for Noncompliance With Community Engagement Requirement.

(a) The department shall not suspend eligibility if the beneficiary, who failed to meet the community engagement hours, qualifies for 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 includes, but is 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 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 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 exempted from community engagement requirements;

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

(11) Other good cause 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. A request for good cause for noncompliance with the community engagement requirement shall be made by completing and submitting Form XXX "xxxx" along with any required third party verification(s) to the department.

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

(a) All attestations under this section shall be on Forms XXX "xxxx" and XXX "xxxx" and under penalty of unsworn falsification pursuant to RSA 641:3.

(b) A request for good cause shall be attested to and verified as follows:

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

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

(3) For a beneficiary who has a family emergency or other life-changing event such as divorce, attestation 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:

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 a beneficiary 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 of the inability to secure child care;

(6) 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 the following:

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

b. Certification by a licensed physician 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 not exempted from community engagement requirements the following:

a. Attestation 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 physician specifying the family members disability and the duration, if known;

(8) For a beneficiary who experienced a hospitalization or serious illness, but was not exempted from community engagement requirements; attestation of the number of days of the hospitalization or serious illness and copies of the beneficiary's physician, hospital 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 not exempted from community engagement requirements the following:

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

b. Copies of the family member's 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 circumstance.

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

He-W 837.15 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;

(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;

(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;

(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;

(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;

(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 provider at 8 hours per day or if no date range is indicated, 100 hours for one month;

(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 provider at 8 hours per day or if no date range is indicated, 100 hours for one month;

(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 for one month; or

b. For outpatient hospitalization or serious illness, the date range specified by the beneficiary's medical provider at 8 hours per day, or if no date range is indicated self-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, self-attestation of the number of days the beneficiary was unable to complete due to the circumstance, at 8 hours per day; or

b. For outpatient hospitalization or serious illness, the date range specified by the family member's medical provider at 8 hours per day 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, self-attestation of the number of days the beneficiary was unable to complete due to the circumstance at 8 hours per day;

(11) For other good cause:

a. Self-attestation 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 the number of hours the beneficiary was unable to complete at 8 hours per day; 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.

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 community engagement hours 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 837.18 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.

(b) 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.

(c) A beneficiary may reinstate eligibility under this section by providing 100 hours of community engagement within a single calendar month.

(d) Reinstatement shall be effective as of the date the 100 community engagement hours are reported to the department.

(e) After, reinstatement 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 reinstated.

He-W 837.19 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 837.20 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 disenrolled from granite advantage. A suspended 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 100 hours, 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.

(b) 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 redetermination requirements;

(2) Upon satisfying any outstanding redetermination requirements, the beneficiary's eligibility shall be reinstated 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 837.21 Re-Application.

(a) A beneficiary may reapply for medicaid at any time after disenrollment and the following shall apply:

(1) A beneficiary who was disenrolled 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 837.16 have 75 calendar days from the date of their eligibility determination before they are required to meet the community engagement hours requirement; and

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

He-W 837.22 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 837.23 Appeals.

(a) A beneficiary may appeal the department's decision to deny an exemption under He-W 837.04, to deny a request for good cause under, or to suspend, deny or terminate 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 the beneficiary's eligibility after 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 837.24 Assessment of Compliance Rates in Labor Market Areas and Additional Mitigation Strategies. The department shall periodically assess compliance rates under the rule in labor market areas, within the state, that experience high rates of unemployment, areas with limited economies and educational opportunities, and 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. 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	ASAM Criteria: Treatment Criteria for Substance-Related, Addictive, and Co-Occurring Conditions, 3rd 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; §1902(a)(10)(A)(ii)(XV); 42 CFR 435.4; 42 CFR 435.121; §1902(e)-(f); §1915(c); 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
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

Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box XXXX, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03301

100116889
BFA Form 331
01/19

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 Member for "medical frailty". This certification will be used to support the determination that the member is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The Member **MUST** return this form along with a copy of the Member 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 or by uploading the forms to NH EASY. The forms can be uploaded to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A Member may upload the forms to NH EASY ***only*** if the licensed medical professional has certified that the member 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.

Part I. Member 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 Member, I hereby certify that the member is medically frail based on the member 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 Member:	
Definition	Category
Individuals with disabling mental	☐ Psychotic disorder ☐ Schizophrenia

health disorders	☐ Schizoaffective disorder ☐ Major depression ☐ Bipolar disorder ☐ Delusional disorder ☐ Obsessive-compulsive disorder ☐ Other mental health condition: specify_____
Individuals with substance use disorders	☐ The Member has a diagnosis of substance use disorder consistent with DSM-V* criteria. *DSM-V means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
Individuals with serious and complex medical conditions	☐ The individual meets criteria for hospice services, **OR** ☐ 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	☐ 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	☐ 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) o Intellectual Disability means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior o 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 o Is manifested before the age of 22; o 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.

Provider note 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:

_____

Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box XXXX, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03301

BFA Form 320A
01/19
Fax #: 603-271-5623

Member 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 member's protected health information (PHI) related to the licensed medical professional's certification of the member as medically frail. This form should be completed by the member and given to the licensed medical professional who is completing the Licensed Medical Professional Certification of Medical Frailty Form.

The Member **MUST** return 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 or by uploading the forms to NH EASY. The forms can be uploaded to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A Member may upload the forms to NH EASY ***only*** if the licensed medical professional has certified that the member is medically frail.

Part I. Member 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 member is medically frail and that the member 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 XXX, Concord, NH 03301 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 Member 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).

Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box XXXX, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03301
Fax 603-271-5623

100116889

BFA Form 330
01/19

Exemption Request Form
Granite Advantage Health Care Program

Use this form to request an exemption from the Granite Advantage Community Engagement requirements. **DETAILED INSTRUCTIONS ARE ON THE BACK OF THIS FORM.** If a licensed medical professional must certify the exemption, ask them to complete the Section III at the bottom of the form.

Name: Last First

Medicaid ID#:

Section I. Self-attested exemptions and exemptions requiring MEMBER ACTION		
O	Participation in State Certified Drug Court Program	Attach a copy of the Court Order
O	Parent/Caretaker of Dependent Child Under 6	No Verification Required
O	Pregnant or Within 60 Days Post-partum	Due Date:

By filling in the circle for an exemption 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.

Member Signature Date

Section II. Exemptions requiring CERTIFICATION BY A LICENSED MEDICAL PROFESSIONAL		
O	ADA Disability	Licensed Medical Professional
O	Caretaker Residing With Immediate Family Member with ADA Disability	Licensed Medical Professional
O	Illness, Incapacity or Treatment Including Inpatient or Residential Outpatient Treatment	Licensed Medical Professional
O	Hospitalization or Serious Illness	Licensed Medical Professional
O	Caretaker Residing With Immediate Family Member Who Experiences Hospitalization or Serious Illness	Licensed Medical Professional
O	Parent/Caretaker of Developmentally Disabled Child	Licensed Medical Professional
O	Parent/Caretaker of Family Member Requiring Care	Licensed Medical Professional

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

Child Name: Last First

Date of Birth: MM DD YYYY

RID#: 012345678
ID : AE0149

BFA SR 19-03
(A)

Section III. Licensed Medical Professional Section

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

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

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

Provider Signature: _____

Instructions For Completing the Form

Member Instructions:

1. Complete your member 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 the bottom section of the form.
5. The member 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 uploading the form to NH EASY. The form can be uploaded to NH Easy by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form. A Member may upload the form to NH EASY for an exemption that requires certification by a licensed medical professional ***only*** if the licensed medical professional has certified that the member meets the qualifications for an exemption.

Licensed Medical Professional Instructions:

1. Review the Description of Exemptions below and the exemption(s) that the member 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 member, 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 Member is participating in a state certified drug court program that has been certified by the administrative office of the superior court.
Parent/Caretaker of Dependent Child Under 6	The member is a custodial parent or caretaker of a dependent child under 6 years of age.
Pregnant or Within 60 Days Post-partum	The Member is pregnant or within 60 days post-partum.
ADA Disability	The member 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.
Caretaker Residing With Immediate Family Member with ADA Disability	The member 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 member 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 member'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.

RID# 012345678
ID : AE0149

Hospitalization or Serious Illness	The member experiences a hospitalization or serious illness.
Caretaker Residing With Immediate Family Member Who Experiences Hospitalization or Serious Illness	The member resides with an immediate family member who experiences a hospitalization or serious illness.
Parent/Caretaker of Developmentally Disabled Child	The member 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 member 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.

NH Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box XXX, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03301
Fax (603) 271-5623

BFA Form 340
01/19

Good Cause Request Form

Granite Advantage Health Care Program

Use this form to request good cause to excuse the inability to meet the community engagement hours for the previous month. **DETAILED INSTRUCTIONS ARE ON THE BACK OF THIS FORM**. Print all information in the spaces provided and include 3rd party verification where required.

Name: _____ _____
Last First

Medicaid ID#: _____

By filling in the circle for good cause 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.

_____ _____
Member Signature Date

FOR THE MONTH OF (MM/YYYY): _____

	Good Cause Reason	Self-Attestation and Verification	Crediting a finding of Good Cause
O	Birth or death of family member	Name of family member:_____ Date of event:_____ Relationship:_____	# of days at 8 hrs/day _____
O	Severe inclement weather	Date(s) of event: _____	# of days at 8 hrs/day _____
O	Family emergency or life changing event	Description of event: _____ Date(s):_____	# of days at 8 hrs/day _____
O	Parent/caretaker of child 6-12 unable to secure child care	Self-attestation of inability to secure child care	# of days at 8 hrs/day _____
O	Homeless or unable to find stable housing	Self-attestation	# of days at 8 hrs/day _____

	Good Cause Reason	Attestation and Verification	Crediting a Finding of Good Cause
O	Domestic violence	Court Order **OR** Self-Attestation	Date range specified in Court Order at 8 hrs/day **OR** # of days at 8 hrs/day _____
O	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. _____
O	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 _____
O	Inpatient Hospitalization	Self-Attestation **AND** Medical documentation to substantiate	100 hrs/month.
O	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 _____
O	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 _____
O	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 license medical professional at 8 hrs per/ day **OR** If no date range indicated # days at 8 hrs/day _____
O	Good Cause Related to a Temporary Increase in Monthly Employment Hours	Self-Attestation	# of extra employment hours _____
O	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:

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 Member or for a Member's family member with a disability, I hereby certify that:

O The *member* is disabled and unable to meet the community engagement requirement for reasons related to their disability; or

O The *family member identified above* is disabled

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

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

Provider Signature: _____

Instructions for Completing the Form

Member Instructions

1. Complete your member 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 member 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 uploading the form to NH EASY. The form can be uploaded to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the form. A member may upload the form to NH EASY for good cause that requires certification by a licensed medical professional ***only*** if the licensed medical professional has certified that the member 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 member has selected.

2. If, the member is disabled and unable to meet the community engagement requirement for reasons related to their disability or if the member'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 member, please send it to the return address on the front page or fax it to (603) 271-5623.
6. If you determine that the member or the member'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 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 lock 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 toe 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
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 attestation that the beneficiary was unable to meet the community engagement requirement for reasons related to the disability **AND** certification by a licensed physician 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 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 physician 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 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 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.

Caretaker Residing with Immediate Family Member who Experiences Inpatient Hospitalization or Serious Illness	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 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 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.
Caretaker Residing with Immediate Family Member who Experiences Outpatient Hospitalization or Serious Illness	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 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 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.
Good Cause Related to a Temporary Increase in Monthly Employment Hours	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.
Other Good Cause	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.

APPENDIX II-B

OFFICE OF LEGISLATIVE BUDGET ASSISTANT
REQUEST FOR FISCAL IMPACT STATEMENT (FIS)

FIS Number _____ Rule Number **He-W 837**

1. Agency Name & Address: **Dept. of Health and Human Services** **Division of Medicaid Services** **129 Pleasant St, Brown Bldg.** **Concord, NH 03301**	2. RSA Authority: **RSA 126-AA** 3. Federal Authority: **42 U.S.C. 1315, ACA (Pub.L. 111-148), 42 U.S.C 1396(a)(10)(A)(i)(VIII)** 4. Type of Action: Adoption X Amendment ____ Repeal ____ Readoption ____ Readoption w/amendment ____ Interim rule ____ 5. Have the rules expired? Yes ☐ No ☒ Date Expired: ____

6. Short Title: **NH Granite Advantage Health Care Program**

7. Contact Person:

Name:	**Kim Reeve, Esquire**	Title:	**Legal counsel, admin rules**
Address:	**NH Dept. Health & Human Services** **Administrative Rules Unit** **129 Pleasant St.** **Concord, NH 03301**	Phone #: Fax #: E-mail:	**271-9640** **271-5590** **kimberly.reeve@dhhs.nh.gov**

(e) Please provide the following information and attach additional sheets if necessary:

NOTE: Pursuant to RSA 541-A:5, IV the fiscal impact of the proposed rule which was previously effective but has expired, or of a proposed rule which adopts a current agency policy, procedure or practice as a rule for the first time, shall not be assessed as an existing rule but as a proposed rule which is not yet effective.

(1) Summarize the intended action and the proposed rule. The intended action is defined by RSA 541-A:5, VII as the proposed adoption, amendment, readoption, readoption with amendment, or repeal of a rule pursuant to RSA 541-A.

In 2018, Chapter Law 342, (SB 313) replaced the New Hampshire health protection program (NHHPP), which expires on 12/31/18, with the Granite Advantage Health Care Program effective on January 1, 2019. In accordance with SB 313, the Department of Health and Human Services (department) has sought a waiver from the Centers for Medicare and Medicaid Services (CMS) to implement work and community engagement requirements as a condition of

continued eligibility under section 1902(a)(10)(A)(i)(VIII) [42 U.S.C 1396(a)(10)(A)(i)(VIII)] of the Social Security Act. The waiver from CMS is expected to be issued prior to December 1, 2018.

The department's waiver application includes a request to implement a work and community engagement requirements as a condition of eligibility in accordance with the provisions of SB 313.

The proposed new rule, He-W 837, describes the community engagement requirements for the Granite Advantage program, exemptions from the work and community engagement program, qualifying activities for community engagement, impacts of noncompliance with the community engagement requirement, and how to cure deficit community engagement hours.

(2) Is the cost associated with this intended action mandated by the rule or by state statute? If the cost is mandated by statute, then the rule itself may not have a cost or benefit associated with it. Please state either the statute or chapter law that is instigating this rule.

Any costs or benefits associated with this proposed rule are described in (5), (9), and (10) below. SB 313, detailed in Chapter Law 342 (2018), requires the Department to implement these requirements.

(3) Compare the cost of the proposed rule with the cost of the existing rule, if there is an existing rule. Please provide the methodology and any calculations used in making your determination. If there is no cost, please explain why.

There is no existing rule.

(4) To the extent the proposed rule had expired, please indicate the cost of the expired rule as you do for a new rule, and if applicable, the difference in cost of any proposed change from the expired rule. Please provide the methodology and any calculations used in making your determination. If there is no cost, please explain why.

There is no existing rule.

(5) Describe the costs and benefits to the state general fund which would result from this intended action.

There is no cost to the general fund associated with these rules. Existing New Hampshire law requires all costs associated with Medicaid expansion to be funded through the special health trust fund established for that purpose. There are benefits identified in the fiscal note to SB 313 as a result of moving the newly eligible population from the federal market place to the Medicaid managed care organizations and these benefits are attributable to the statute.

(6) Explain and cite the federal mandate for the intended action, if there is such a mandate. How would the mandate affect state funds?)

There is no federal mandate for this rule.

(7) Describe the cost and benefits to any state special fund which would result.

Costs and benefits are attributable to Chapter 342, Laws of 2018 (SB 313) which creates RSA 126-AA:3, and establishes a special fund, the Granite Advantage Health Care Trust Fund. The trust fund is to be used solely:

- to provide coverage for the newly eligible Medicaid population in Granite Advantage;
- to pay for administrative costs for the program; and
- to reimburse the federal government for any overpayments of federal funds.

The state's share of the program will be paid from the trust fund dedicated to the program. As a result of SB 313, the department has costs for development and updates to its enrollment system, online application portal, and multichannel outreach system capacity. Additionally, the department is engaged in ongoing Medicaid administration activities to establish the program, such as training and program materials. All of these costs associated with administration of the program are attributable to the statute and not this rule.

The legislature has also required the department to report to it and to the Governor by January 1, 2019 all costs associated with the verification of compliance with the work and community engagement requirement.

(8) Describe the costs and benefits to the political subdivisions of the state.

There are no known costs to the political subdivisions of the state that would result from the proposed rule. Promotion of economic self-sufficiency through employment may reduce levels of dependency on welfare programs.

(9) Describe the costs and benefits to the citizens of the state.

The department is unable, at this point in time, to evaluate any costs impacts generally to the citizens of the state aside from the use of certain tax proceeds deposited into the health care trust to fund the non-federal share of this program. Some considerations are:

- Members can be exempted from the community engagement requirements for a variety of reasons. Members may have to obtain certification of exemption from the community engagement requirements and with obtaining a disability determination. The department is unable to quantify these costs but expects these costs to be negligible.
- Members may incur costs with pursing a disability determination to receive an automatic exemption. The department cannot quantify this cost but expects these costs to be negligible.

Additionally, CMS requires the department, as a condition of the waiver, to evaluate the impacts such as:

- Members who are subject to Community Engagement will have positive health outcomes;
- Members who are subject to Community Engagement enrolled will obtain sustained part-time and full-time employment; and
- Members who are subject to Community Engagement will gain or maintain access to employer-sponsored coverage or individual market coverage.

Benefits to the citizens of the state will include beneficiaries experiencing improved health and well-being as a result of Medicaid coverage, and their participation in the community engagement activities should lead to improved health outcomes, financial stability, and greater independence through improved health and wellness.

(10) Describe the costs and benefits to any independently owned business, including a description of the specific reporting and recordkeeping requirements upon those employing fewer than 10 employees.

There are no costs or benefits to independently owned business.