

# NEW HAMPSHIRE ADULT ASSISTANCE PROGRAMS

The State of New Hampshire provides cash and medical benefits for adults with disabilities. These benefit programs are operated by the New Hampshire Department of Health and Human Services.

The State provides the cash benefit through the “State Supplement” program. The cash benefit is for low-income adults only. It may be an add-on to a Supplemental Security Income (SSI) benefit.

The State provides the medical benefit through the “Medicaid” program. Medicaid provides payment for health care and long-term care services. It is available to adults at many income levels, including people with disabilities who work.

To get these benefits, the State must find you *eligible*. There are several eligibility options for people with disabilities. Some have both a cash benefit and a Medicaid benefit. Some have only a Medicaid benefit. See the table below for the more common eligibility options and which benefits they provide.

Eligibility Option	Cash Benefit	Medicaid Benefit
Aid to the Needy Blind (ANB)	X	X
Aid to the Permanently and Totally Disabled (APTD)	X	X
Old Age Assistance (OAA)	X	X
Special Income Level group for people who require an institutional level of care		X
Medicaid for Employed Adults with Disabilities (MEAD)		X
Medicaid In-and-Out		X

You may be eligible under more than one option. If you are, you may pick the one that is most favorable to you. However, you should note that if you are eligible for the first three options—ANB, APTD, or OAA—you are not eligible for the last three.

## TOPICS COVERED

- Eligibility
- Benefits
- Work Incentive Programs
- Appeal Rights
- State Offices

For more detailed information, as well as application materials, see the New Hampshire Department of Health and Human Services website at: <http://www.dhhs.state.nh.us/>.

**ARE YOU ELIGIBLE FOR STATE ASSISTANCE?**

You are eligible if you meet all of following requirements:

- (1) **General requirements**, such as citizenship, residency, and social security number;
- (2) **Age, blindness, or disability requirements**; and
- (3) **Financial requirements**.

Each of the bolded terms are explained below.

**GENERAL ELIGIBILITY REQUIREMENTS**

These are some of the general eligibility requirements you must meet.

**United States citizenship or qualified alien status.** You must provide proof of your status unless you are receiving SSI or SSDI benefits, entitled to or enrolled in Medicare, or in certain foster care or adoption situations.

**New Hampshire residency.**

**Social Security number.**

**Support from certain relatives.** To be eligible for a *cash benefit*, certain relatives may be required to help support you, including a spouse who does not live with you, a parent, or a child. This does NOT apply to *Medicaid*.

**Development of potential sources of income.** To be eligible for a *cash benefit*, you must apply for all available sources of income, such as Social Security benefits, veteran's benefits, retirement benefits, unemployment benefits, and worker's compensation. If you apply for *Medicaid* only, you are not required to apply for Supplemental Security Income (SSI) benefits, although you likely will be encouraged to do so.

**Acknowledgement of State reimbursement requirements.** The State requires that you repay some State benefits and it "recovers" the repayment in different ways.

*What may the State recover?*

- *Cash Benefits* – An amount equal to the amount of all cash payments made to you.
- *Medicaid* – Payments made for you when you were age 55 or older. (The State adjusts the amount if you had a "qualified" long-term care insurance policy at the same time you received Medicaid benefits. The repayment amount is offset by the amount paid under the insurance policy.)

*When does the State recover?*

- *Cash Benefits* – The State usually recovers after your death. However, the State will not recover from the sale of your home while your spouse lives in the home.
- *Medicaid* – The State usually recovers after death. However, the State may not recover until: (1) the death of a surviving spouse; or (2) if there is a surviving child under age 21 or a surviving child with a disability or blindness.

The State may recover Medicaid *before* death in the following two examples.

Example 1. The State may partially or fully recover *Medicaid* payments made for you from a lawsuit settlement or an inheritance that you receive.

Example 2. While the State *usually* may not place a lien on your property (your home) until after your death, there is one exception. If you are a long-term care resident in a medical institution, such as a nursing home, and you cannot reasonably be expected to be discharged and return home, the State may place a lien on your home, unless any of the following people lawfully live in the home:

- Your spouse;
- Your child under age 21 or child with a disability or blindness;

**What is a lien?**

A lien is a claim on a piece of property to secure payment of a debt. The lien is a right to have the property sold or a right to claim repayment from the proceeds of a sale.

- Your sibling who has an equity interest in the home and who was residing in the home for at least one year prior to your admission to the medical institution; or
- Your son or daughter who lived in your home for at least two years immediately before your admission to a medical institution and who establishes to the satisfaction of the State that he/she provided care to you which permitted you to reside at home rather than in an institution.

With a lien on your property, the State may recover whenever the property is sold.

*Must you sign to acknowledge the repayment requirement when you apply, as a condition of eligibility?*

- *Cash Benefits* – Yes, you must sign to acknowledge this law.
- *Medicaid* – No, you do not have to sign. However, the State may recover whether you sign or not.

### **AGE, BLINDNESS AND DISABILITY ELIGIBILITY REQUIREMENTS**

***Aid to the Needy Blind (ANB).*** You must be “statutorily blind” which means a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which has a limitation in the field of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less. (There is no age limit for ANB.)

***Aid to the Permanently and Totally Disabled (APTD).*** You are at least age 18, but under age 65 and you have a disability. “Disability” means the inability to do any substantial gainful activity (work activity) because of a physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of at least 48 months (4 years).

***Old Age Assistance (OAA).*** You are age 65 or older.

***Special Income Level.*** You meet the age, blindness, or disability requirements for ANB, APTD, or OAA. (There are other eligibility options that may also be applicable.) You also require an institutional level of care, such as the level of care in a nursing home, and you will receive home or community-based care waiver services.

***Medicaid for Employed Adults with Disabilities (MEAD).*** You are:

1. At least age 18, but under age 65;
2. Employed or self-employed for pay; and
3. Either:
  - a. A Medicaid recipient who was found eligible for ANB or APTD within the 12 months prior to your MEAD application and your eligibility was not ended within those 12 months due to medical improvement; or
  - b. You are NOT a Medicaid recipient and you meet the blindness requirements for ANB or the disability requirements for APTD.

***Medicaid In-and-Out.*** You meet the age, blindness, or disability requirements of any of the other eligibility options listed here.

**FINANCIAL ELIGIBILITY REQUIREMENTS**

To meet financial eligibility requirements, you must meet income and resource requirements. Additionally, in some circumstances, you may be asked to show that you have not transferred assets within the last five years in order to become financially eligible.

**Income**

Generally, you are income-eligible if your “net income” is at or below the State income limit.

The State looks at all of the income that is available to you. This includes:

- Earned income (wages from employment or net earnings from self-employment);
- Unearned income (Social Security benefits, pensions, unemployment benefits, interest income, and cash from friends and relatives);
- In-kind income (the value of items or services given to you instead of giving you cash, whether through a routine employment arrangement or from a trust or similar arrangement); and
- Deemed income (part of the income of your spouse with whom you live).

The State *excludes* some income and *deducts* some income before comparing your income level to the State income limit. The law requires the State first *exclude* income such as, federal fuel assistance, Food Stamp benefits, or a Plan for Achieving Self Support (PASS). It then makes *deductions* to your income, including, earned income deductions, employment expenses (such as transportation and child care), alimony or child support, training expenses, and more. After the deductions, the remaining income is your “net income.” If your net income is at or below the State’s income limit, you are income-eligible. (See the income limit examples on the right.)

EXAMPLE INCOME LIMITS (2015)		
ELIGIBILITY OPTION	FAMILY SIZE	INDEPENDENT LIVING
ANB, APTD & OAA	1	\$747
	2	\$1,101
SPECIAL INCOME LEVEL	1	\$2,199
MEAD	1	\$4,376
	2	\$5,899
MEDICAID IN & OUT	1	\$591
	2	\$675

There is one exception to the “net income” calculation. The exception is found in the Special Income Level option. For this eligibility option the State compares your “gross income” to the income limit. While the State still *excludes* income required by law, there are *no deductions* made.

Here are three examples of a net income determination where deductions are made. The third example looks at Medicaid for employed adults—an option in which you keep Medicaid coverage, but you may also have a more comfortable income from employment.

**Example 1. UNEARNED income only.**

Ms. Smith has the monthly income listed below and meets all other APTD eligibility requirements.

\$700 Social Security Disability Insurance benefit

**Steps to Determine Net Income**

**Determine monthly countable income**

1 Enter gross monthly earned income	\$0
2 Subtract earned income disregard of \$20	-\$20
3 Subtract \$30 or ½ the remainder (whichever is smaller). Maximum allowable deduction on this line is \$30	-\$
4 Subtract \$18 or actual employment expenses if they are greater than \$18 (e.g., transportation costs to and from work)	-\$
5 <b>Subtotal – this is your countable earned income</b>	\$
6 Add your unearned income (e.g. Social Security, SSI)	+\$700
7 Subtract general disregard (\$13 for an individual, \$20 for a couple).....	-\$ 13
8 This is your total countable earned and unearned income	\$687
9 Compare net income to APTD income limit of \$747 (or \$1101 if a couple)	ELIGIBLE

**Example 2. UNEARNED and EARNED income.**

Mr. Allen has the monthly income listed below and meets all other APTD eligibility requirements.

- \$240 Benefit payment
- \$950 Gross wages from employment

**Steps to Determine Net Income**

**Determine monthly countable income**

1	Enter gross monthly earned income	\$950
2	Subtract earned income disregard of \$20	-\$ 20
3	Subtract \$30 or ½ the remainder (whichever is smaller). Maximum allowable deduction on this line is \$30	-\$ 30
4	Subtract \$18 or actual employment expenses if they are greater than \$18 (e.g., transportation costs to and from work)	-\$ 18
5	<b>Subtotal – this is your countable earned income</b>	<b>\$882</b>
6	Add your unearned income (e.g. Social Security, SSI)	+ \$240
7	Subtract general disregard (\$13 for an individual, \$20 for a couple).....	-\$ 13
8	This is your total countable earned and unearned income	\$1109
9	Compare net income to APTD income limit of \$747 (or \$1101 if a couple)	<b>NOT ELIGIBLE</b>

As you can see, the treatment of *earned* income can end eligibility for cash assistance. However, when determining eligibility for Medicaid, the calculation is different.

**Example 3. Same amount as example 2**

Mr. Allen has the monthly income listed below and meets all other APTD eligibility Requirements.

- \$240 Benefit payment
- \$950 Gross wages from employment

**Steps to Determine Net Income**

**Determine monthly countable income**

1	Enter gross monthly earned income	\$950
2	Subtract earned income disregard of \$65	-\$ 65
3	Subtract Impairment Related Work Expenses (IRWE)	-\$ 0
4	Subtotal	\$885
5	<b>Divide line 4 in half</b>	<b>\$442.50</b>
6	Add your unearned income (e.g. Social Security, SSI)	+ \$240
7	Subtract general disregard (\$13 for an individual, \$20 for a couple)	-\$ 13
8	This is your total countable earned and unearned income	\$669.50
9	Compare net income to APTD income limit of \$747 (or \$1101 if a couple)	<b>ELIGIBLE FOR MEDICAID</b>

Mr. Allen would no longer get cash assistance but his Medicaid coverage would continue.

**Example 4. EARNED income only.**

Mr. Gavin has the monthly income listed below and meets all other MEAD eligibility requirements.

- \$200 Annuity
- \$1550 Gross wages from employment

**Steps to Determine Net Income**

**Determine countable unearned income**

1 Enter gross unearned income.....	\$200
2 Subtract general disregard (\$13 for an individual, \$20 for a couple).....	-\$13
3 Subtotal equals countable unearned income.....	\$187

**Determine countable earned income**

4 Enter gross earned income.....	\$1550
5 Subtract earned income disregard (\$65).....	-\$65
6 Subtract allowable deductions (e.g., impairment related work expenses).	-\$0
7 Subtotal.....	\$1485
8 Divide subtotal by 2.....	\$742.50

**Determine net income**

9 Add countable unearned income and earned income for net income.....	\$929.50
10 Compare net income to MEAD income limit of \$4,376.....	<b>ELIGIBLE</b>

The Medicaid for Employed Adults (MEAD) option offers the opportunity to maintain valuable Medicaid coverage in combination with a comfortable income.

**WHAT IF I HAVE TOO MUCH INCOME TO QUALIFY, BUT I DON'T HAVE ENOUGH TO PAY MY MEDICAL BILLS?**

If your income level exceeds the income limits for ANB, APTD, OAA, or the Special Income Level group, you still may be able to qualify for Medicaid through the **Medicaid In-and-Out** option. If you meet all other eligibility requirements, you may be able to “spend down” to eligibility if you have enough medical bills. You “spend down” your excess income by accumulating medical bills. The amount you must spend down to is \$591. In other words, the difference between your net income and \$591 is the amount of medical bills you must first have before becoming eligible for Medicaid. You can do this on a monthly or 6-month basis.

The medical bills that count toward the spend-down are those that no one else is legally responsible for, including a health insurance plan. You are responsible for these bills. Medicaid will not pay for your spend-down bills. Medical bills include:

- Medicare and other health insurance costs, such as, premiums, deductibles, coinsurance charges, enrollment fees, and co-payments;
- Expenses for necessary medical and remedial services that are recognized under State law;
- Over-the-counter medication that is part of a treatment plan supervised by a physician;
- Medical transportation; and
- Unpaid prior medical debt, including the debt of other people for whom you are responsible.

While this may help you, it can also be hard to do. On a one-month cycle, you start each month not eligible for Medicaid. You save all your medical receipts to show that you have accumulated enough medical bills to meet your spend-down. Then you bring the receipts to your local State District Office. After the District Office reviews and approves your receipts, you become eligible for Medicaid as of the day you had enough bills to meet the spend-down. You remain eligible until the first day of the next month, when the cycle begins again.

**Resources**

“Resources” are your available personal property and real estate. You are resource-eligible if the total value of your countable resources is at or below the resource limit for the eligibility option. Some resources are excluded resources and therefore not counted. If the value of your resources exceeds the resource limit, you must spend down your resources to become resource-eligible. Examples of countable and excluded resources are listed below.

Eligibility Option	Resource Limit (3/1/14-2/28/15)	
	Individual	Couple
ANB, APTD, OAA	\$ 1,500	\$ 1,500
Special Income Level	\$ 1,500	\$ 1,500
MEAD	\$ 27,155	\$ 40,733
Medicaid In-and-Out	\$ 2,500	\$ 4,000

EXAMPLES OF RESOURCES EXCLUDED BY LAW	EXAMPLES OF COUNTABLE RESOURCES
Burial Fund (up to \$1,500 value)	Bank Account
Burial Plot	Certificate of Deposit
Household Items (appliances, furnishings, etc.)	Individual Retirement Account
Loans (money borrowed that must be repaid)	Jointly-Owned Property
Plan for Achieving Self Support	Lump Sum Payment
Home (principle place of residence)	Medical Savings Account
Special Needs Trust	Stocks and Bonds
Vehicle (one vehicle excluded)	Trust (not including a special needs trust)

**Asset Transfer Rules**

If you (or your spouse) transfer assets for less than a fair market value, you may get a penalty. The word “assets” means income or resources. The State looks at any asset transfer you made during the 5 years before you applied for State assistance (or any transfers you make while you are eligible). If you transferred an asset for less than fair market value in order to qualify for State assistance, you temporarily may lose eligibility for State assistance. The State evaluates if the transfer was allowable (such as a transfer to a spouse) or if a penalty would cause you undue hardship.

The asset transfer rules apply to the cash benefit program and to Medicaid long-term care applicants and recipients. “Long-term care” includes institutional care, such as care in a nursing home, or home and community-based care services, such as personal care or home health services.

An example of an “asset transfer for less than fair market value” is the sale of your home for an amount well below the market value of the house. Another is to transfer title of your home for a dollar. It also includes actions such as not accepting a pension, an inheritance, or a lawsuit settlement.

**WHAT ARE THE CASH BENEFITS?**

To determine the amount of the cash benefit, the State compares your net income to the income limit of your eligibility option. The difference between the two is the amount of your cash benefit. If the difference is less than two dollars, there is no benefit.

The State issues cash benefits twice per month through electronic benefit transfer (EBT) or direct deposit. If you have a representative, he or she may request payment by check.

**Direct Deposit**

You may have benefits transferred by direct deposit to a bank account. Of course, this means that you must have an open checking or savings account to receive the deposit and that the bank will accept a direct deposit.

**Electronic Benefit Transfer**

The State also distributes cash benefits through an electronic benefit transfer (EBT) system. In the EBT system you access benefits with a debit card and a Personal Identification Number (PIN). You may withdraw from the account free of charge up to four times per month; for every additional withdrawal, you are charged a fee.

You are responsible for the security of the debit card and for withdrawing benefits regularly. For example, if you do not withdraw benefits for 90 days, the State will remove any benefits remaining in the account.

**WHAT ARE THE MEDICAID BENEFITS?**

The New Hampshire Medicaid program provides coverage for routine medical services and items, as well as long-term services and supports for people with chronic conditions or disabilities. There is a listing of covered services on the next page. As with private health insurance, there are limits on service coverage and pre-authorization requirements. There are also co-payments for some prescription medications.

Unique requirements for certain eligibility options include:

- **Special Income Level option.** If you are eligible for Medicaid through the Special Income Level option, you may be required to pay towards the cost of your long-term services and supports. The contribution will come from your income and the requirements vary with the different long-term supports and services programs.
- **Medicaid for Employed Adults with Disabilities.** If you are eligible for Medicaid through the Medicaid for Employed Adults with Disabilities option, you may be required to pay a monthly premium. 2014 premiums are listed on the right.

MEAD – (3/1/2014 - 2/28/2015)	
Monthly Net Income	Monthly Premium
<\$1,459	\$0
>\$1,459-<\$1,945	\$109
>\$1,945-<\$2,431	\$146
>\$2,431-<\$2,918	\$182
>\$2,918-<\$3,404	\$219
>\$3,404-<\$3,890	\$255
<u>&gt;\$3,890-&lt;\$4,376</u>	<u>\$292</u>
<u>&gt;\$4,376</u>	<u>\$328</u>

**MEDICAL SERVICES AND ITEMS COVERED FOR ALL MEDICAID RECIPIENTS**

- Inpatient and outpatient hospital services
- Laboratory and X-ray services
- Physician services
- Advanced practice registered nurse services
- Prescription drugs
- Prenatal care
- Family planning services and supplies
- Dental services (limited adult care)
- Vision care and hearing aid services
- Durable medical equipment
- Home health care
- Private duty nursing services
- Nursing home services
- Personal care services
- Rehabilitation and physical therapy services
- Occupational therapy
- Speech language therapy
- Mental health services
- Medical transportation
- And more . . . .

<b>Home and Community-Based Care for People with Developmental Disabilities</b>	<b>Choices for Independence (CFI)</b>
<p><u>Administrator:</u> Bureau of Developmental Services</p> <p><u>Level of care required:</u> Intermediate Care Facility for People with Cognitive Disabilities</p> <p><u>Target group:</u> Individuals with cognitive disability / developmental disability</p> <p><u>Services:</u></p> <ul style="list-style-type: none"> <li>Case management / Service Coordination</li> <li>Personal care services</li> <li>Day habilitation services</li> <li>Employment services</li> <li>Respite care services</li> <li>Environmental and vehicle modifications</li> <li>Crisis response services</li> <li>Community support services</li> <li>Assistive technology support services</li> <li>Specialty services</li> <li>Consolidated services (consumer-directed option)</li> </ul>	<p><u>Administrator:</u> Bureau of Elderly and Adult Services</p> <p><u>Level of care required:</u> Nursing Facility</p> <p><u>Target group:</u></p> <ul style="list-style-type: none"> <li>• Aged (age 65 and over) &amp; adults with disabilities (age 18 - 64)</li> <li>• Individuals requiring assistance due to a chronic medical diagnosis and/or frailty associated with aging, and/or Alzheimer’s disease or a related dementia.</li> </ul> <p><u>Services:</u></p> <ul style="list-style-type: none"> <li>Adult family care</li> <li>Adult in-home services</li> <li>Adult medical day care services</li> <li>Assistive technology services</li> <li>Chore</li> <li>Community transition</li> <li>Congregate care services</li> <li>Environmental accessibility adaptations</li> <li>Home-delivered meals services</li> <li>Home health aide services</li> <li>Homemaker services</li> <li>Skilled nursing services</li> <li>Personal care services</li> <li>Personal emergency response system</li> <li>Residential care services</li> <li>Respite services</li> <li>Specialized medical equipment services</li> </ul>
<b>Home and Community-Based Care for People with Acquired Brain Disorders</b>	<b>In Home Supports for Children with Developmental Disabilities</b>
<p><u>Level of care required:</u> Nursing Facility</p> <p><u>Target group:</u> Individuals with acquired brain disorder</p> <p><u>Services:</u></p> <ul style="list-style-type: none"> <li>Same as HCBC-DD</li> </ul>	<p><u>Level of care required:</u> ICF-MR</p> <p><u>Target group:</u> Children with developmental disabilities</p> <p><u>Services:</u></p> <ul style="list-style-type: none"> <li>Personal care services</li> <li>Consultative services</li> <li>Respite care</li> <li>Environmental modifications</li> <li>Family support service coordination</li> </ul>

**WHAT ARE THE STATE ASSISTANCE WORK INCENTIVE PROGRAMS?*****Medicaid for Employed Adults with Disabilities***

The Medicaid for Employed Adults with Disabilities (MEAD) eligibility option allows you to work and maintain valuable Medicaid coverage. Even when you receive private health insurance coverage through your employer, MEAD eligibility ensures Medicaid assistance to help you pay health care costs not covered by your private insurance, including coverage of long-term supports and services, such as personal care. Also, if you receive long-term supports and services coverage, the State does not require that you pay toward a cost of those services.

***Earned Income Disregard***

When you are eligible for State assistance because of a disability, the State does not count the first \$65 of the *earned* income you receive in a month, plus one-half of the remaining *earned* income. If you are eligible because of blindness, the State does not count the first \$85 of the *earned* income you receive in a month, plus one-half of the remaining *earned* income. In other words, it counts less than one-half of *earned* income when it calculates eligibility or your cash benefit amount.

***Impairment Related Work Expenses***

If you have a disability, the State deducts the cost of impairment-related expenses that you need in order to work. It deducts this cost from your earnings when it calculates eligibility and your cash benefit amount. Examples of impairment-related expenses include costs for wheelchairs, certain transportation, and specialized work-related equipment.

***Individualized Plan for Employment***

When you are eligible for State assistance because of blindness, the State deducts the amount approved in an Individualized Plan for Employment approved by the New Hampshire Division of Vocational Rehabilitation. The State deducts this amount from your earnings when it calculates eligibility and your cash benefit amount.

***Employment Expense Disregard***

This expense includes, for example, the cost for federal employment taxes, transportation, child care, special clothing, union dues, and mandatory retirement contributions.

When you are eligible under the Special Income Level option, you may be required to contribute to your cost of care. The State deducts employment expenses from that contribution amount.

**Note: If you are paying towards a cost of care and have these disregards, you should explore whether you are eligible under the Medicaid for Employed Adults with Disabilities (MEAD) option. There is no cost of care under MEAD. While you may have a monthly premium under MEAD, it may be less than your cost of care contribution.**

***Excluded Income – Work-Related***

Certain work-related income and resources are excluded in the eligibility and cash benefit determinations, including a Plan to Achieve Self Support (PASS), an Individual Development Account (IDA).

A PASS is a plan to help you return to work that you establish under the Supplemental Security Income program. A PASS allows you to set aside money or other property to pay for items or services you need to achieve a specific work goal. The money you set aside is not counted in the eligibility or cash benefit determination.

An IDA is an optional service in which you may deposit *earned* income into a dedicated savings account. A community agency sets up and manages the account. The funds deposited into an IDA are matched or enhanced by the managing agency and the accumulated funds may only be used towards purchasing a first home or financing post-secondary education or a new business.

**WHAT ARE MY RIGHTS IF I DISAGREE WITH AN ELIGIBILITY OR BENEFIT DETERMINATION IN THE STATE ASSISTANCE PROGRAMS?**

You have the right to appeal eligibility or benefit determinations that you do not agree with. The appeal may be a request for an independent review or a hearing. All the information you need to initiate either process is sent to you whenever the State makes determination that adversely affects you.

An independent review is before an officer in the New Hampshire Department of Health and Human Services Administrative Appeals Unit. If you select the independent review process you waive your rights to confront witnesses and to cross-examine witnesses. The presiding officer interviews you and others involved, seeks additional information when necessary, and provides a written decision.

A hearing is a process where testimony is given under oath before a hearing officer. The hearing officer is an employee of the New Hampshire Department of Health and Human Services Administrative Appeal Unit and is impartial. You may represent yourself or have someone represent you, including an attorney. You may also bring witnesses and you may question any witnesses brought by the State.

If you disagree with a decision from an Administrative Appeals Unit officer, you may pursue the matter further through a lawsuit.

**NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DISTRICT OFFICES**

<b>Berlin</b> 650 Main Street, Suite 200 Berlin, NH 03570 (603) 752-7800; (800) 972-6111 TDD Access Relay: (800) 735-2964 Fax: (603) 752-2230	<b>Claremont</b> 17 Water Street, Suite 301 Claremont, NH 03743 (603) 542-9544; (800) 982-1001 TDD Access Relay: (800) 735-2964 Fax: (603) 542-2367	<b>Concord</b> 40 Terrill Park Drive Concord, NH 03301 (603) 271-6201; (800) 322-9191 TDD Access Relay: (800) 735-2964 Fax: (603) 271-6451
<b>Conway</b> 73 Hobbs Street Conway, NH 03818 (603) 447-3841; (800) 552-4628 TDD Access Relay: (800) 735-2964 Fax: (603) 447-1988	<b>Keene</b> 809 Court Street Keene, NH 03431 (603) 357-3510; (800) 624-9700 TDD Access Relay: (800) 735-2964 Fax: (603) 352-2598	<b>Laconia</b> 65 Beacon Street West Laconia, NH 03246 (603) 524-4485; (800) 322-2121 TDD Access Relay: (800) 735-2964 Fax: (603) 528-4105
<b>Littleton</b> 80 North Littleton Road Littleton, NH 03561 (603) 444-6786; (800) 552-8959 TDD Access Relay: (800) 735-2964 Fax: (603) 444-0348	<b>Manchester</b> 195 McGregor Street, South Tower, Suite 11 Manchester, NH 03102 (603) 668-2330; (800) 852-7493 TDD Access Relay: (800) 735-2964 Fax: (603) 668-5442	<b>Rochester</b> 150 Wakefield Street, Suite 22 Rochester, NH 03867 (603) 332-9120; (800) 862-5300 TDD Access Relay: (800) 735-2964 Fax: (603) 335-5993
<b>Seacoast</b> 50 International Drive Portsmouth, NH 03801 (603) 433-8300; (800) 821-0326 TDD Access Relay: (800) 735-2964 Fax: (603) 431-0731	<b>Southern</b> 3 Pine Street, Suite Q Nashua, NH 03060 (603) 883-7726; (800) 852-0632 TDD Access Relay: (800) 735-2964 Fax: (603) 883-2064	Division of Client Services (603)271-9700; (800) 852-3345 ext. 9700 Client Services – Managed Care (603)271-4344; (800) 852-3345 ext. 4344

For directions and more information on these offices, see the New Hampshire Department of Health and Human Services website at: <http://www.dhhs.state.nh.us/contactus/districtoffices.htm>. (The District Offices are listed under “Contact” information.)