



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF ECONOMIC STABILITY***  
***BUREAU OF FAMILY ASSISTANCE***

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**DATE:** February 12, 2024

**FROM:** Debra E. Sorli  
 Administrator IV

- ACTION BY
- REPORT
- POLICY
- INFORMATION
- FAX
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- E-MAIL

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**ELECTRONIC**

**VERSION TO:** All BFA Staff  
 All DMS Staff  
 All BES Staff  
 Family Services Database on N:\ Drive

**SUBJECT:** Updated BFA Desk Reference Effective March 2024

**EFFECTIVE**

**DATE:** *March 1, 2024*

The attached BFA Desk Reference is effective March 1, 2024 due to policy changes released in BFA SR 24-07, and BCDHSC SR 24-08.

Please contact the BFA Policy Unit at [bfapolicy@dhhs.nh.gov](mailto:bfapolicy@dhhs.nh.gov) if you have any questions regarding this memo.

Enc: March 2024 Desk Reference

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**FANF (Financial Assistance to Needy Families)**

Maximum Income Limits

Household Size	STANDARD OF NEED		PAYMENT STANDARD*
	BMNA	Max. SON (BMNA+ \$342)	Max Cash Grant @ 60%
1	\$1,701	\$2,043	\$753
2	\$3,328	\$3,670	\$1,022
3	\$4,453	\$4,795	\$1,291
4	\$5,448	\$5,790	\$1,560
5	\$6,364	\$6,706	\$1,829
6	\$6,755	\$7,097	\$2,098
7	\$7,148	\$7,490	\$2,367
8	\$7,541	\$7,883	\$2,636

\*The Payment Standard is also the maximum grant for the household.

**SNAP**

Income Limits, Standards, and Deductions

Household Size	Monthly Gross Income When Elderly Disabled are a Separate Household @ 165% FPG	Non-Target Population Only Gross Income Limits @ 130% FPG	Target & Non-Target Population Net Income Limits @ 100% FPG	Expanded Categorical Eligibility Gross Income Limits @ 200% FPG	Maximum SNAP Benefit Allotments
1	\$2,005	\$1,580	\$1,215	\$2,430	\$291
2	\$2,712	\$2,137	\$1,644	\$3,287	\$535
3	\$3,419	\$2,694	\$2,072	\$4,144	\$766
4	\$4,125	\$3,250	\$2,500	\$5,000	\$973
5	\$4,832	\$3,807	\$2,929	\$5,857	\$1,155
6	\$5,539	\$4,364	\$3,357	\$6,714	\$1,386
7	\$6,246	\$4,921	\$3,785	\$7,570	\$1,532
8*	\$6,952	\$5,478	\$4,214	\$8,427	\$1,751
*For each additional person	Add \$707	Add \$557	Add \$429	Add \$857	Add \$219

\*\*No monthly gross income test for elderly and disabled target population\*\*

SNAP Utility Standards	
Heating/Cooling(AC)	\$956
Utilities-Only	\$350
Electric-Only	\$204
Telephone-Only	\$37
Internet-Only	\$50

SNAP Deductions	
Excess Shelter	\$672
Homeless Shelter Allowance	\$180
Medical	\$135

SNAP Standard Deduction	
HH Size	Deduction
1-3	\$198
4	\$208
5	\$244
6+	\$279

## OAA, APTD, ANB Standard of Need

Group Size	Independent Living Arrangement	Residential Care Facility	Community Residence
1	\$957	\$1,137	\$1,019 (subsidized)
2	\$1,416		\$1,079 (non-subsidized)
3	\$1,875		\$1,137 (enhanced family care)

### Medical Assistance - Income Limits (please read across)

% of Federal Poverty Guidelines (FPG; note that the PIL and Parent/Caretaker limits are not based on % FPG)

AG size:	1	2	3	4	5	6	7	8*
<b>PIL</b>	\$888	\$1,033	\$1,177	\$1,311	\$1,444	\$1,611	\$1,744	\$1,944
<b>Parent/Caretaker</b>	\$670	\$816	\$965	\$1,108	\$1,247	\$1,408	\$1,551	\$1,723
<b>QMB 100% FPG</b>	\$1,255	\$1,704	\$2,152	\$2,600	\$3,049	\$3,497	\$3,945	\$4,394
<b>SLMB120 &gt;100%, ≤120% 120% FPG</b>	\$1,506	\$2,044	\$2,582	\$3,120	\$3,658	\$4,196	\$4,734	\$5,272
<b>SLMB135 &gt;120%, ≤135% 135% FPG</b>	\$1,695	\$2,300	\$2,905	\$3,510	\$4,116	\$4,721	\$5,326	\$5,931
<b>Granite Advantage 133% FPG</b>	\$1,670	\$2,266	\$2,862	\$3,458	\$4,055	\$4,651	\$5,247	\$5,844
<b>EMA 185% FPG</b>	\$2,322	\$3,152	\$3,981	\$4,810	\$5,640	\$6,469	\$7,299	\$8,128
<b>QDWI 200% FPG</b>	\$2,510	\$3,407	\$4,304	\$5,200	\$6,097	\$6,994	\$7,890	\$8,787
<b>CM, PW, FPEC 196% FPG</b>	\$2,460	\$3,339	\$4,218	\$5,096	\$5,975	\$6,854	\$7,733	\$8,611
<b>Expanded CM &gt;196%, &lt;318% FPG</b>	\$3,991	\$5,417	\$6,843	\$8,268	\$9,694	\$11,120	\$12,546	\$13,971
<b>5% MAGI Income Deduction</b>	\$63	\$86	\$108	\$130	\$153	\$175	\$198	\$220
<b>MEAD / MOAD 450% FPG**</b>	\$5,648	\$7,665	N/A	N/A	N/A	N/A	N/A	N/A

\*For group sizes larger than 8, see MAM Chapter 600.

\*\*Note that MOAD has an additional disregard that brings the final net income limit to below 250% FPG; however, MOAD's effective net income limit is the same as MEAD's, at 450% FPG.

<b>SSI Maximum Benefits/PMV</b>		
<b>Individual</b>	<b>Couple</b>	<b>Institutionalized</b>
\$943/\$334.33	\$1,415/\$491.66	\$30

#### Spousal Impoverishment

Max. Monthly Maintenance Needs Allowance:	\$3,854
Min. Community Spouse Resource Allowance:	\$30,828
Max. Community Spouse Resource Allowance:	\$154,140
Max. Income Standard (MIS):	\$2,465
Excess Shelter Deduction (ESD):	\$740

<b>PART B Monthly Premium</b>
\$174.70 for most
<b>Nursing Facility CAP</b>
Gross Income Limit: \$2,829
<b>Skilled Nursing Facility Rate, Days 21-100:</b>
\$204.00
<b>Statewide Nursing Facility Rates</b>
For monthly and daily rates, see Nursing Facility Rates on the DHHS Nursing Home Care website at: <a href="https://www.dhhs.nh.gov/programs-services/adult-aging-care/nursing-home-care">https://www.dhhs.nh.gov/programs-services/adult-aging-care/nursing-home-care</a>

**NH CHILD CARE SCHOLARSHIP INCOME ELIGIBILITY LEVELS**

(Effective January 1, 2024)

Family Size	Step 1		Step 2		Step 3	
	≤ 100% of FPG		> 100% FPG but ≤ 138% FPG		> 138% FPG but ≤ 85% SMI	
	MONTHLY	YEARLY	MONTHLY	YEARLY	MONTHLY	YEARLY
1	\$1,215.00	\$14,580.00	\$1,677.00	\$20,120.00	\$4,601.00	\$55,207.00
2	\$1,644.00	\$19,720.00	\$2,268.00	\$27,214.00	\$6,016.00	\$72,193.00
3	\$2,072.00	\$24,860.00	\$2,859.00	\$34,307.00	\$7,432.00	\$89,180.00
4	\$2,500.00	\$30,000.00	\$3,450.00	\$41,400.00	\$8,847.00	\$106,167.00
5	\$2,929.00	\$35,140.00	\$4,042.00	\$48,493.00	\$10,263.00	\$123,153.00
6	\$3,357.00	\$40,280.00	\$4,633.00	\$55,586.00	\$11,678.00	\$140,140.00
7	\$3,785.00	\$45,420.00	\$5,224.00	\$62,680.00	\$11,944.00	\$143,325.00
8	\$4,214.00	\$50,560.00	\$5,815.00	\$69,773.00	\$12,209.00	\$146,510.00
9	\$4,643.00	\$55,706.00	\$6,406.00	\$76,866.00	\$12,475.00	\$149,700.00
10	\$5,071.00	\$60,846.00	\$6,997.00	\$83,959.00	\$12,740.00	\$152,880.00
11	\$5,499.00	\$65,986.00	\$7,588.00	\$91,052.00	\$13,005.00	\$156,060.00
12	\$5,928.00	\$71,126.00	\$8,179.00	\$98,146.00	\$13,271.00	\$159,252.00
13	\$6,356.00	\$76,266.00	\$8,770.00	\$105,239.00	\$13,536.00	\$162,432.00
14	\$6,784.00	\$81,406.00	\$9,361.00	\$112,332.00	\$13,802.00	\$165,624.00
15	\$7,213.00	\$86,546.00	\$9,953.00	\$119,425.00	\$14,067.00	\$168,804.00

A family with income over 85% of the State Median Income (SMI) is not eligible for Child Care Scholarship.

Family Eligibility and Cost Share		
Step	Eligibility Limits	Family Cost Share
1	≤ 100% FPG	\$0/week
2	≥100% FPG ≤ 138% FPG	\$5/week
3	> 138% FPG but ≤ 85% SMI	7% of family income