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State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 24-0015

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
John C. Kluczynski Federal Building
230 S Dearborn Street, Suite 330F
Chicago, IL 60604-1505



Financial Management Group

April 9, 2024

Lori A. Weaver, Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 24-0015

Dear Commissioner Weaver:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0015 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 14, 2024. This plan updates rates for Adult Medical Day Care.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

Please note that our approval relates only to the requested change in payment methodology and that the resultant rates and related expenditures are consistent with section 1902(a)(30)(A) of the Act. CMS may still have questions on the funding structure in determining if it's consistent with sections 1902(a)(2), 1903(a), and 1903(w) of the Act as implemented by 42 CFR §433.54. Approval of the subject SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements. On April 2nd, 2021, CMS issued a letter on the New Hampshire Granite Advantage Health Care Trust Fund, in companion to the approval of New Hampshire's Medicaid managed care state directed payment preprints. The letter requested additional information to allow CMS to further review the state's sources of non-federal share financing of the Medicaid adult expansion population. The result of that review may also be applicable to the expenditures related to the payments authorized in this SPA.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 5</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130, 42 CFR Part 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>12,114</u> b. FFY <u>2025</u> \$ <u>16,152</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 3a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 3a, TN 23-0063 (pending)	

9. SUBJECT OF AMENDMENT
Adult Medical Day Care Services - Rate Increase

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Jody Farwell Division of Medicaid Services/Brown Building Department of Health and Human Service 129 Pleasant Street Concord, NH 03301
12. TYPED NAME Ann H Landry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED March 14, 2024	

FOR CMS USE ONLY	
16. DATE RECEIVED MARCH 14, 2024	17. DATE APPROVED April 9, 2024

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL TODD MCMILLION	21. TITLE OF APPROVING OFFICIAL DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS
STATE AUTHORIZED PEN AND INK CHANGE FOR BOX 8

PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES

15. Other Diagnostic, Screening, Preventative, and Rehabilitation Services – Payment is made as detailed below for the various services that fall under this state plan section.

Payment for adult medical day care services provided in a licensed facility is made on a per diem basis in accordance with a fee schedule established by the department. Rates were set as of January 1, 2024, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for preventive services provided by a registered nurse (RN) to a newborn and his/her mother at their home is made in accordance with a fee schedule established by the Department. Rates were set as of July 1, 2023, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for nicotine cessation counseling services is provided in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). No provider shall bill or charge the department more than the provider's usual and customary charge.

Payment for lactation consultation services provided by a physician or other licensed practitioner to provide lactation education and support services to eligible breastfeeding (or lactating) members, is paid in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). Payment for lactation consultation services provided by an RN, is paid in accordance with the same principles of reimbursement developed for RN to a newborn in their home as described above (4.19-B page 3 a). No provider shall bill or charge the department more than the provider's usual and customary charge.

Payment for vaccines are set and updated annually to the wholesale acquisition cost (WAC). No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Note: When it is stated that "rates were set as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 24-0015
Supersedes
TN No: 23-0063

Effective Date: 01/01/2024
Approval Date: April 9, 2024