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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 23-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 16, 2023

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

Re: New Hampshire State Plan Amendment (SPA) 23-0036

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0036. This amendment proposes to provide nicotine cessation counseling services to all New Hampshire Medicaid beneficiaries.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.230. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 23-0036 was approved on November 16, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director
Dawn Tierney, Medicaid Business and Policy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 3 — 0 0 3 6	2. STATE NH
	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 July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 440. 230, Part 447, & Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 625 b FFY 2024 \$ 2,500	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, pages 6-b.2 (new page) Attachment 3.1-B, page 5-c.2 (new page) Attachment 4.19-B, page 3a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 1-b (TN 21-0015) pending (TN 23-0040) TN 23-0040, page 3a	

9. SUBJECT OF AMENDMENT
Nicotine Cessation Counseling Services

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 OFFICIAL 	15. RETURN TO Jody Farwell Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. TYPED NAME Ann H. Landry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED September 28, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED September 28, 2023	17. DATE APPROVED November 16, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Pen & ink changes to Box 8: Removing (TN 21-0015) pending (TN 23-0040) as NH 23-0040 was approved on 10/16/2023. Reenter TN 23-0040, remove page 1-b and add page 3a.

AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services

13c. Nicotine Cessation Counseling

General Description

Nicotine cessation counseling services are available to educate and support beneficiaries through the process of discontinuing the use of nicotine products.

Pursuant to 42 C.F.R section 440.130(c), nicotine cessation counseling services are provided as preventative services and must be recommended by a physician or other licensed practitioner within the scope of their practice under state law to reduce health risks related to nicotine use and/or promote the physical and mental wellbeing of the beneficiary.

Service Description

The Medicaid program provides coverage for nicotine cessation counseling services to beneficiaries who use nicotine products or who are being treated for nicotine use, with a goal to discontinue the use of nicotine products to improve beneficiary physical and mental health.

Beneficiaries may receive up to four (4) nicotine cessation counseling sessions per quit attempt, up to two (2) quit attempts per year, for a maximum of eight (8) counseling sessions per year.

These limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

Qualified Providers

Nicotine Cessation Counseling Services may be provided by Medicaid enrolled providers that are trained in nicotine cessation counseling services under the following provider types, within their scope of practice according to state law:

- Licensed Physician;
- Licensed Physician Assistant;
- Licensed Osteopath;
- Certified midwife;
- Licensed Advanced Practice Nurse;
- Licensed Mental Health Practitioners: Clinical Mental Health Counselors, Clinical Social Workers, Marriage and Family Therapists, Pastoral Psychotherapists, School Social Workers;
- Pharmacists; and
- Other professional or paraprofessional healthcare practitioners who have completed training in the provision of nicotine cessation counseling and must provider services under the supervision of a licensed practitioner.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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- Pharmacists; and
- Other professional or paraprofessional healthcare practitioners who have completed training in the provision of nicotine cessation counseling and must provide services under the supervision of a licensed practitioner.

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 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 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 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), and RN to a new born in their home (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 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.

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: 23-0036
Supersedes
TN No: 23-0040

Approval Date: 11/16/2023

Effective Date: 07/01/2023