

Table of Contents

State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: NH-24-0014

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 18, 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 24-0014

Dear Commissioner Weaver:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0014 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 14, 2024. This plan updates rates for Targeted Case Management (TCM).

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 pages.

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 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

2 4 — 0 0 1 4

2. STATE

NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



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 440.169, 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 501,552

b. FFY 2025 \$ 668,736

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 4c, 4d, and 4f

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 4c, 4d (TN 23-0047), and 4f (TN 08-013)

9. SUBJECT OF AMENDMENT

Targeted Case Management - Rate Increases

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

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

March 14, 2024

15. RETURN TO

Jody Farwell

Division of Medicaid Services/Brown Building

Department of Health and Human Service

129 Pleasant Street

Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED

March 14, 2024

17. DATE APPROVED

April 18, 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

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

19. Case Management Services (continued):

b. Developmental Services Case Management Services

Payment rates for case management services provided to Medicaid recipients with developmental disabilities are made 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.

Case management providers are paid a unit of service equivalent to a monthly rate per eligible recipient and the rate may be billed only if services are actually provided in the month. The rate was originally set based on comparisons with other states and to applicable services and rates in NH.

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: 24-0014
Supersedes
TN No: 23-0047

Effective Date: 01/01/2024
Approval Date: April 18, 2024

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

19. Case Management Services (continued):

c. Adults with Chronic Illnesses or Disabilities Case Management Services

Payment rates for case management services provided to Medicaid recipients who are adults with chronic illnesses or disabilities are made in accordance with a fee schedule established by the department.

Home and Community-Based Care-Choices for Independence (HCBC-CFI) case management providers are paid using a month as a unit of service. 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" (use the HCBCCFI fee schedule), and are applicable to all public and private providers.

Case management providers for non-HCBC-CFI Medicaid recipients are paid using a day as a unit of service. 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" (use the HCBC-CFI fee schedule), 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: 24-0014
Supersedes
TN No: 23-0047

Effective Date: 01/01/2024
Approval Date: April 18, 2024

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

RESERVED

TN No: 24-0014

Supersedes

TN No: 08-013

Effective Date: 01/01/2024

Approval Date: April 18, 2024