

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 21-0040**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

December 20, 2021

Lori Shibinette, Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

**RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 21-0040**

Dear Commissioner Shibinette:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0040, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2021. This plan makes changes to the reimbursement methodology for case management services for adults with chronic illnesses and disabilities from a daily rate to a monthly rate.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1<sup>st</sup>, 2021. 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 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 2, 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 Jerica Bennett at 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,

A 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  
**21-0040**2. STATE  
NH3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
July 1, 2021

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.169 and 42 CFR Part 4477. FEDERAL BUDGET IMPACT  
Remainder of FFY 2021: \$384,524.08  
FFY 2022: \$1,538,096.34

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 4d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
Attachment 4.19-B, Page 4d, TN 21-0017

10. SUBJECT OF AMENDMENT

Reimbursement Methodology Change for Case Management Services for Adults with Chronic Illnesses and Disabilities

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED:  
Comments, if any, will follow.☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME Ann H. Landry

14. TITLE Associate Commissioner

15. DATE SUBMITTED 9-30-21

16. RETURN TO

Janine Corbett  
Division of Medicaid Services/Brown Building  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED  
September 30, 202118. DATE APPROVED  
December 20, 2021

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
Todd McMillion22. TITLE  
Director, Division of Reimbursement Review

23. REMARKS

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 July 1, 2021, 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](http://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.

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, 2021, 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](http://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.