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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 21-0041

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850

Financial Management Group

November 12, 2021

Lori A. Shibinette, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

RE: New Hampshire 21-0041

Dear Commissioner Shibinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0041. Effective July 1, 2021, this amendment increases the intermediate care facility for individuals with intellectual disabilities (ICF/IID) reimbursement rate by five percent.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 21-0041 is approved effective July 1, 2021. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Mark Wong at (415) 744-3561 or mark.wong@cms.hhs.gov.

Sincerely,

[redacted]

Rory Howe
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES
0938-0193

FORM
OMB No.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 21-0041	2. STATE: NH
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. 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 Section 1902(a)(13) of the Social Security Act and 42 CFR Part 447	7. FEDERAL BUDGET IMPACT FFY 2021: $27,144 FFY 2022: $108,577
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Page 31	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)* Attachment 4.19-D, Page 31, TN 21-0004

10. SUBJECT OF AMENDMENT

ICF/IID Rate Increase

11. 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: Comments, if any, will follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL [redacted]	16. RETURN TO Janine Corbett Division of Medicaid Services/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
13. TYPED NAME: Ann H. Landry	
14. TITLE: Associate Commissioner	
15. DATE SUBMITTED: 9-29-21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 29, 2021	18. DATE APPROVED November 12, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL [redacted] For
21. TYPED NAME Rory Howe	22. TITLE Director, Financial Management Group

23. REMARKS

FORM CMS-179 (07/92)

POLICY
(Continued)
9999

Rate Setting & Payment
9999.8

13. Return on Equity

The Division of Human Resources does not recognize return on equity for reimbursement purposes.

c. Per Diem-Atypical Care

(1) A provider of atypical care shall be a facility or a distinct part of a facility which possesses the physical characteristics and appropriate staffing for, and devotes its services exclusively to, highly specialized care, the nature of which renders that facility or unit incomparable to other facilities for the purpose of calculating and applying cost and/or occupancy limits.

(2) Examples of such care described in (a) above shall include services for:

(a) Children with severe physical or mental disabilities;
(b) Brain/spinal injured patients;
(c) Ventilator dependent patients; or
(d) Other specialized services.

(3) The department shall determine the rate of reimbursement utilizing cost documentation submitted by the provider which clearly identifies the cost of the atypical care.

(a) Rates effective July 1, 2021 for the state's ICF/IID include a 5% increase.

(4) The rate described in c. above shall:

(a) Include routine care costs, ancillary costs and capital costs;
(b) Take into consideration any additional amount necessary to assure access to necessary and appropriate services for NH Medicaid residents with specialized care needs; and
(c) Be exempt from comparative cost and occupancy limits.