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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:08-009

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

May 7, 2018

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

Dear Commissioner Meyers,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 08-009, received on June 20, 2008 and entitled "*Targeted Case Management, Behavioral Health*" transmitted language for the purpose of updating state plan pages in response to interim final rules in the CMS Federal Register of December 4, 2007, Volume 72, No. 232. A Companion Letter accompanies this approval.

Transmittal # 08-009

--Targeted Case Management, Behavioral Health
--Effective June 12, 2008

If there are questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

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May 7, 2018

Jeffrey Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers,

This letter is being sent regarding the implementation of state plan amendment (SPA) #08-009 "*Targeted Case Management, Behavioral Health,*" which was approved on May 7, 2018, and updates state plan pages in response to interim final rules in the Centers for Medicare and Medicaid Services (CMS) Federal Register of December 4, 2007, Volume 72, No. 232. A Request for Additional Information (RAI) was issued on September 15, 2008, to which the state responded on March 5, 2018.

As part of the review of the SPA, the Centers for Medicare & Medicaid Services (CMS) and the state discussed and confirmed that subsequent to the RAI, rate changes were implemented to Targeted Case Management Behavioral Health services that did not undergo public notice or state plan changes. This letter serves to memorialize agreement that the state will update the rate methodology with a subsequent SPA submittal. Longstanding federal regulations at 42 CFR 447.205 require states to issue public notice of proposed changes in statewide methods and standards for setting Medicaid payment rates. Public notice is necessary to inform providers and other stakeholders of any changes states intend to make to their Medicaid payment methodologies, so that providers and others do not rely on prior payment methodologies. The notice must be issued at least one day prior to the effective date of the state's proposed change. CMS' November 2015 final rule modified these requirements slightly to authorize states to issue public notice on state websites or, as was previously allowable, in newspapers and state registers.

Please respond to this letter within 90 days of the date of the letter with a State plan amendment that addresses the issues described above or a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance that you need. State plans that are not in compliance with requirements referenced above are grounds for initiating a formal compliance process.

CMS is available to provide ongoing technical assistance to the state on this issue as the state moves forward in bringing the rate up to date. If there are questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
08-009

2. STATE
NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
June 12, 2008

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:

7. FEDERAL BUDGET IMPACT:

a. FFY 2008 none
FFY 2009 not known

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A
Pages 1A (DBH) through 1F (DBH)

Attachment 4.19-B, Page 4b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Supplement 1 to Attachment 3.1-A
Pages 1(DMH), TN 87-6; 1a(DMH), TN 87-6; 1b(DMH), TN 88-
6, and 2, TN 87-6

None

10. SUBJECT OF AMENDMENT:

Targeted Case Management, Behavioral Health

11. GOVERNOR'S REVIEW (*Check One*):

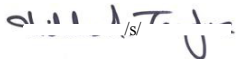
GOVERNOR'S OFFICE REPORTED NO COMMENT

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: Nicholas A. Toumpas

14. TITLE: Commissioner

15. DATE SUBMITTED: June 20, 2008

16. RETURN TO:

Dawn Landry
Program Support/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 20, 2008

18. DATE APPROVED: May 7, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
June 12, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations Boston MA

23. REMARKS: NH requested Pen & Ink change to Box 8, which reads "Page 1A (DBH) through 1F (DBH)" to read "Page 1A (BH) through page 1F (BH)."

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Hampshire

CASE MANAGEMENT SERVICES

BEHAVIORAL HEALTH CASE MANAGEMENT

A. Target Group:

- (a) An adult shall be eligible for case management services if he or she has a severe mental illness (SMI) or severe and persistent mental illness (SPMI) as outlined in NH administrative rule He-M 401.
- (b) A child shall be eligible for case management services if he or she has a severe emotional disturbance as outlined in NH administrative rule He-M 401.

 X Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 [insert a number; not to exceed 180] consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000).

B. Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
- Only in the following geographic areas [Specify areas]

C. Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1):

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
- X Services are not comparable in amount, duration, and scope (§1915(g)(1)).

TN No: 08-009
Supersedes
TN No: 87-06

Approval Date 05/07/2018

Effective Date: 06/12/2008

CASE MANAGEMENT SERVICES, BEHAVIORAL HEALTH (continued)

D. Definition of Services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation;
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual; and
 - assessing the individual's strengths and determining their preferences.

Comprehensive assessments shall be developed and reviewed with the individual; a hard copy is signed by the individual at least annually and updated as needed.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual.
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

TN No: 08-009
Supersedes
TN No: 87-06, 88-06

Approval Date 05/07/2018

Effective Date: 06/12/2008

CASE MANAGEMENT SERVICES, BEHAVIORAL HEALTH CASE MANAGEMENT (continued)

D. Definition of Services (continued):

- ❖ Monitoring and follow-up activities: Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring includes reviewing the individual's current status and progress, or lack thereof, in achieving the goals and objectives identified in the individual service plan, as documented in the progress notes for the reporting quarter. The individual service plan review includes support needs, goals, objectives, services, timelines, referrals, crisis plan, and employment or education plan, as appropriate. Monitoring takes place on a quarterly basis.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 FR 440.169(e))

TN No: 08-009
Supersedes
TN No: 87-06, 88-06

Approval Date 07/07/2018

Effective Date: 06/12/2008

CASE MANAGEMENT SERVICES, BEHAVIORAL HEALTH CASE MANAGEMENT (continued)

E. Qualifications of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b))[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]:

All participating Behavioral Health Case Management providers shall be employed by an approved community mental health (CMH) program to serve the clients receiving services from the CMH program, and shall have:

1. A baccalaureate degree in social work, rehabilitation, psychology, education, or a related human services field; or
2. An associate’s degree in social work, rehabilitation, psychology, education, or a related human services field and the following experience:
 - (a) Two years of experience working with persons who have severe mental disability; or
 - (b) Two years of experience that provides an individual with an understanding of mental illness and that was acquired as an adult in the provision of significant supports to persons with mental illness, including the experience acquired by family members of persons with mental illness or by other persons who have personal knowledge of mental illness.
3. Any staff person who does not meet the criteria above shall be eligible to provide case management services if they were providing case management services for at least 2 years prior to April 2007 and they receive supervision of at least 2 hours per week.

F. Freedom of Choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual’s free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

CASE MANAGEMENT SERVICES, BEHAVIORAL HEALTH CASE MANAGEMENT (continued)

G. Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

H. Payment (42 CFR 441.18(a)(4):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No: 08-009
Supersedes
TN No: 87-06

Approval Date 05/07/2018

Effective Date: 06/12/2008

CASE MANAGEMENT SERVICES, BEHAVIORAL HEALTH CASE MANAGEMENT (continued)

I. Case Records (42 CFR 441.18(a)(7):

Providers maintain case records that document for all individuals receiving case management as follows: (i) the name of the individual; (ii) the dates of the case management services; (iii) the name of the provider agency (if relevant) and the person providing the case management service; (iv) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) whether the individual has declined services in the care plan; (vi) the need for, and occurrences of, coordination with other case managers; (vii) a timeline for obtaining needed services; and (viii) a timeline for reevaluation of the plan.

J. Limitations:

Case Management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case Management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations, providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

[Specify any additional limitations.] (N/A)

TN No: 08-009
Supersedes
TN No: 87-006

Approval Date 05/07/2018

Effective Date: 06/12/2008

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

19. Case Management Services (continued):

b. Behavioral Health Case Management Services

Payment rates for case management services provided to adult Medicaid recipients with severe and persistent mental illness or Medicaid eligible children with severe emotional disturbances are made in accordance with a fee schedule established by the department. No provider shall bill or charge the department more than the provider's usual and customary charge. The rate is applicable to all public and private providers.

Case management providers are paid a unit of service equivalent to a monthly rate per eligible recipient for services rendered. The rate for this service is \$404.24/month.

TN No: 08-009
Supersedes
TN No: new page

Approval Date 05/07/2018

Effective Date: 06/12/2008