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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:08-013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) 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

April 25, 2018

Jeffrey A. 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) #08-013 which was approved on April 25, 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.

During telephone conferences with CMS and New Hampshire (NH), it was confirmed that NH stopped providing TCM Advanced Care Planning services in 2010, and instituted Medicaid hospice services without limitations via NH 10-007, approved in 2010, and sunset rates established in NH 08-013, effective 07/01/2010. This Companion Letter serves to memorialize our understanding and is attached with this approval.

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	1. TRANSMITTAL NUMBER: 08-013	2. STATE NH
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	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*)

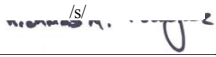
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2008 none FFY 2009 not known
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A Pages 5A (BEAS-ACPD) through 5F (BEAS-ACPD)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 3.1-A Page 1p, TN 02-007, and 1q, TN 02-007
Attachment 4.19-B, Page 4f	None

10. SUBJECT OF AMENDMENT:
Targeted Case Management, Advance Care Planning and Directives

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: 	16. RETURN TO: Dawn Landry Program Support/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
13. TYPED NAME: Nicholas A. Toumpas	
14. TITLE: Commissioner	
15. DATE SUBMITTED: June 20, 2008	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 20, 2008	18. DATE APPROVED: April 25, 2018
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: June 12, 2008	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations, Boston , MA

23. REMARKS:

OFFICIAL

Title XIX – NH

Supplement 1 to Attachment 3.1-A
Page 5A (BEAS-ACPD)
CMS 2237 IFC

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Hampshire

CASE MANAGEMENT SERVICES

ADVANCE CARE PLANNING AND DIRECTIVES CASE MANAGEMENT

Available only through June 30, 2010

A. Target Group:

The target population for this service is Medicaid recipients throughout New Hampshire whose medical providers have diagnosed them as severely ill. This means that the recipient has been diagnosed as having an illness or medical condition that is expected to continually deteriorate and may be expected to result in death within approximately two years.

N/A Target group includes individuals transitioning to a community setting. Case management services will be made available for up to _____ **[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):

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.

Services are not comparable in amount, duration, and scope (§1915(g)(1)).

TN No: 08-013

Supersedes

TN No: 02-007

Approval Date 04/25/2018

Effective Date: 06/12/2008

OFFICIAL

Title XIX – NH

Supplement 1 to Attachment 3.1-A
Page 5B (BEAS-ACPD)
CMS 2237 IFC

CASE MANAGEMENT SERVICES, ADVANCE CARE PLANNING AND DIRECTIVES (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, as frequently as the patient's condition requires, 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; and
 - 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.

- ❖ 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: 08-013
Supersedes
TN No: 02-007

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Effective Date: 06/12/2008

CASE MANAGEMENT SERVICES, ADVANCE CARE PLANNING AND DIRECTIVES 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.

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))

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Title XIX – NH

Supplement 1 to Attachment 3.1-A
Page 5D (BEAS-ACPD)
CMS 2237 IFC

CASE MANAGEMENT SERVICES, ADVANCE CARE PLANNING AND DIRECTIVES 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.]:

Case management providers shall:

1. Be agencies licensed in accordance with requirements of state law including RSA 151 or be licensed by the state in which they practice;
2. Be agencies certified as a Medicare Hospice providers;
3. Be the above agencies who employ registered nurses, social workers with at least a bachelor's degree and working under the direction of the physician, physicians, dietary counselors, home health aides, physical, occupational and speech therapists, and other staff as needed.

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)):

N/A 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.]**

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Title XIX – NH

Supplement 1 to Attachment 3.1-A
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CMS 2237 IFC

CASE MANAGEMENT SERVICES, ADVANCE CARE PLANNING AND DIRECTIVES 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: 08-013
Supersedes
TN No: 02-007

Approval Date 04/25/2018

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OFFICIAL

Title XIX – NH

Supplement 1 to Attachment 3.1-A
Page 5F (BEAS-ACPD)
CMS 2237 IFC

CASE MANAGEMENT SERVICES, ADVANCE CARE PLANNING AND DIRECTIVES 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: 08-013
Supersedes
TN No: 02-007

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

19. Case Management Services (continued):

b. Advance Care Planning and Directives Case Management Services

Payment rates for case management services provided to Medicaid recipients who have been diagnosed by a licensed physician as being severely ill 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 \$35 per 15-minute unit of service from 6/12/2008 through 6/30/2010 when this service was replaced with "hospice care services" effective 7/1/2010 with reimbursement as detailed in Attachment 4.19-B, page 6, item #25.

TN No: 08-013
Supersedes
TN No: none

Approval Date 04/25/2018

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