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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:08-014

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 08-014	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 (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
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 6A (CHAP) through 6F (CHAP) Attachment 4.19-B, Page 4g, Page 4, and Page 4a Attachment 4.19-B, new Page 4g		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 3.1-A Page 1k, TN 93-13; 1L; TN 94-5; 1m, TN 94-27; and 1n, TN 93- 13 Attachment 4.19-B, Page 4, TN 98-03; 4a, TN 02-007	
10. SUBJECT OF AMENDMENT: Targeted Case Management, EPSDT Care Coordination			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: comments, if any, will follow	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="border: 1px solid red; padding: 5px; display: inline-block; color: red; font-size: 1.2em;">/s/</div>		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: 06/19/2008			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 06/19/2008		18. DATE APPROVED: 03/26/2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 06/12/2008		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="border: 1px solid red; padding: 5px; display: inline-block; color: red; font-size: 1.2em;">/s/</div>	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: NH requested Pen & Ink change Box #8 to read, "Attachment 4.19-B, new Page 4g" and in Box #9 strike the reference to superseded "Attachment 4.19-B, Page 4, TN 98-03; 4a, TN 02-007." The state is not superseding any pages with this SPA. (03/05/2018 jb)			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Hampshire

CASE MANAGEMENT SERVICES

EPSDT CASE MANAGEMENT

A. Target Group:

The client must:

1. be Medicaid eligible and under the age of 21 years;
2. be determined, as certified by a physician, psychologist or APRN, to be in need of EPSDT care coordination services as medically necessary;

 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)).

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Supersedes
TN No: 93-13, 94-5,
94-27, 93-13

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CASE MANAGEMENT SERVICES, EPSDT CASE MANAGEMENT (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; 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.

The assessments shall occur at the time of a well-child visit delivered in accordance with the Bright Futures/American Academy of Pediatrics periodicity schedule.

- ❖ 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.

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CASE MANAGEMENT SERVICES, EPSDT 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 face to face discussion with the parent/guardian at the time of a scheduled well-child visit delivered in accordance with the Bright Futures/American Academy of Pediatrics periodicity schedule.

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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CASE MANAGEMENT SERVICES, EPSDT 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 EPSDT Case Management providers shall:

1. Be employed by, and work under the direction of, NH Medicaid enrolled physicians, physician groups, or APRN's;
2. Be NH licensed clinical social workers, NH licensed registered nurses (RN's), NH licensed practical nurses (LPN's), NH certified medical assistants, or family support workers with a relevant bachelor's degree and 2 years experience in the health care field; and
3. Provide documentation to support claims when requested by the Department or its agent.

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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94-27, 93-13

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CASE MANAGEMENT SERVICES, EPSDT 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.

Case management providers are currently paid a one unit rate per eligible child when case management is provided in conjunction with a well-child visit delivered in accordance with the Bright Futures/American Academy of Pediatrics periodicity schedule.

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CASE MANAGEMENT SERVICES, EPSDT 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: 08-014

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94-27, 93-13

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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):

f. EPSDT Case Management Services

Payment rates for case management services provided to Medicaid recipients under the age of 21 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 1 unit rate per eligible child when case management is provided in conjunction with a well-child visit delivered in accordance with the Bright Futures/American Academy of Pediatrics periodicity schedule. The rate for this case management service is \$12.00.

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