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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:13-008

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

October 21, 2013

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

Re: New Hampshire SPA TN 13-008

Dear Commissioner Toumpas,

We are pleased to enclose a copy of approved New Hampshire State Plan Amendment (SPA) No. 13-008 entitled "*Family Planning Expansion*" approved on September 30, 2013 with an effective date of July 1, 2013. This SPA transmitted a proposed amendment to your approved Title XIX State plan to allow for an optional Medicaid eligibility group that is eligible to receive family planning and family planning related services. This notice was delayed due to the government shutdown between October 1, 2013 and October 16, 2013.

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: Kathleen Dunn, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-008	2. STATE NH
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 1902(a)(10)(A)(ii)(XXI), 1902(a)(10)(G), 1902(ii), 1920C, 1905(a)(4)(C), Section 2303 of the ACA	7. FEDERAL BUDGET IMPACT: FFY 2013 (remainder): \$78,750 FFY 2014: \$315,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Page 23e Attachment 3.1-A, Page 2 Attachment 3.1-A, Page 2-a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A – new page Attachment 3.1-A, Page 2, TN 93-12 Attachment 3.1-A, Page 2-a, TN 11-009

10. SUBJECT OF AMENDMENT:
Family Planning Expansion

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: <i>/s/</i>	16. RETURN TO: Dawn Landry Division of Family Assistance/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: July 15, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: July 15, 2013	18. DATE APPROVED: September 30, 2013
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Medicaid & Children's Health Operations, Boston, MA

23. REMARKS:

No pen & ink changes.

OFFICIAL

Revision:

CMS-PM-

ATTACHMENT 2.2-A

Page 23e

OMB No.:

State/Territory: New Hampshire

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)(XXI)

1902(ii)

Individuals who are *not* pregnant and whose income does not exceed the State established income standard of 185 % of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 185 % of the Federal Poverty Level.

In determining eligibility for this group, the State considers only the income of the applicant or recipient.

Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.

1920C

Presumptive Eligibility for Family Planning:

The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

TN No: 13-008
Supersedes
TN No: new page

Approval Date: 09/30/2013

Effective Date: 07/01/2013

OFFICIAL

Revision:

Attachment 3.1-A
Page 2
OMB No.

State/Territory: New Hampshire

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: No limitations With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachment 2.2-A, B, if this eligibility option is elected by the State.*
Provided: No limitations With limitations
- 4.c.(ii) Family planning-related services provided under the above State Eligibility Option.*
Provided: No limitations With limitations
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: No limitations With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: No limitations With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 13-008
Supersedes
TN No. 93-12

Approval Date 09/30/2013

Effective Date 07/01/2013

OFFICIAL

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH
Attachment 3.1-A
Page 2-a

4a. Nursing Facility Services

Payment for nursing facility care is available to both categorically and medically needy recipients in need of such care. Payment is made for a non-private room. Determination of need for nursing facility care and authorization of payment for nursing facility care is made by the Bureau of Elderly and Adult Services.

4b. Early and Periodic Screening, Diagnosis, and Treatment

Limited to federal requirements for the categorically needy. Any limits to services provided in Attachment 3.1-A do not apply to individuals under EPSDT as long as medical necessity criteria as determined by the Office of Medicaid Business and Policy have been met.

4c. Family Planning Services

4c. (i) Family planning services include those services described in Section 1905(a)(4)(C).

4c. (ii) Family planning–related services provided under the state eligibility option at Attachment 2.2-A, B, are those medical diagnosis and treatment services provided in a family planning setting as part of, or as follow-up to, a family planning visit pursuant to Section 1902(a)(10)(G)(XVI). Family planning-related services that are covered in NH include: (1) services to treat adverse reactions to, or medical complications of, family planning procedures, services, treatment, or therapies (e.g., treatment of perforated uterus due to intrauterine device insertion, treatment of severe menstrual bleeding caused by Depo-Provera injection); (2) drugs (as well as follow-up visits and re-screens based on CDC guidelines) for the treatment of STD's, except for HIV/AIDS and hepatitis, when the STD is identified or diagnosed during a routine or periodic family planning visit; (3) drugs and other treatment (as well as follow-up visit) for lower genital tract and genital skin infections/disorders, and urinary tract infections, when identified/diagnosed during a routine/periodic family planning visit; and (4) vaccinations to prevent cervical cancer routinely provided pursuant to a family planning service in a family planning setting.

5a. Physician Services

Coverage for physician services is unlimited except for those physician services affiliated with outpatient hospital visits, which are limited to 12 per recipient per state fiscal year. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity. Laboratory tests and diagnostic x-rays are not counted against the outpatient physician visit limit.

Except for kidney and tissue transplants, to include corneas, bone grafts, and skin transplants, which are covered without prior authorization, prior authorization is required for the coverage of physician services for organ transplants which include bone marrow, liver, heart, lung, heart-lung, pancreas, and pancreas-kidney. (See Attachment 3.1-E for specific details.) Certain surgical procedures to include bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty and rhinoplasty also require prior authorization.

Non-covered organ transplantation and procurement services include physician services for the surgery, inpatient hospital services for the surgical admission(s), and organ procurement related to the following types of transplants: any type of organ or tissue transplant not specified above (including hairplasty) or more than two transplants of the same type of organ per recipient per lifetime.

In accordance with federal law, coverage for induced abortions is provided when the physician certifies that the pregnancy was the result of rape or incest or the woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

TN No: 13-008
Supersedes
TN No: 11-009

Approval Date 09/30/2013

Effective Date: 07/01/2013