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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:14-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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 22, 2014

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 14-012

Dear Commissioner Toumpas,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 14-012, which was submitted to CMS on September 25, 2014 and entitled "Remove Psychotherapy Service Limits." SPA 14-012 transmitted a proposed amendment to New Hampshire's approved Title XIX State Plan to remove the psychotherapy service limits for the current Medicaid population for those psychotherapy services not affiliated with outpatient hospital services.

Transmittal # 14-012

--Remove Psychotherapy Service Limits

-- Effective August 15, 2014

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	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	14-012	NH
STATE I DAN MATERIAL		
EOD HELLTH CARE PINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
	, and the second	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	August 15, 2014	
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:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.230(d), 42 CFR 447.53-54	FFY 2014 and 2015: 0	
500 Sept. Sept. Sept. State (Sept. Sept. S		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Attch 3.1-A, page 3-b	Attch 3.1-A, page 3-b, TN 13-015	
Attch 3.1-B, page 3-a and 3-b	Attch. 3.1-B, page 3-a and 3-b, TN 13-015	
Attch 4.19-B, page 1-a	Attch 4.19-B, page 1-a, TN 11-009	
10. SUBJECT OF AMENDMENT:	Attel 4.17-B, page 1-a, 114 11-009	
Remove Psychotherapy Service Limits		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED: comments, if any,
	will follow	, ir any,
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	THE TOTAL THE	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
/s/	10. RETORIV 10.	
	Dawn Landry	
13. TYPED NAME: Nicholas A. Touppas	Office of Medicaid Business and Policy/Brown Building	
	Department of Health and Human Services	
14. TITLE: Commissioner	129 Pleasant Street	ces
	Concord, NH 03301	
15. DATE SUBMITTED:	Concord, NII 03301	
September 25, 2014		
FOR REGIONAL OF		
17. DATE RECEIVED:	18. DATE APPROVED:	
September 25, 2014	October 22, 2014	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. CIONATURE OF RECIONAL OF	TATA T
August 15, 2014	/S/	
21. TYPED NAME: Richard R. McGreal	22. TITLE:	
Richard R. McGreai	Associate Regional Administrator	
23. REMARKS:	Division of Medicaid & Children's Health O	perations, Boston, MA
		,

OFFICIAL

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

Title XIX - NH Attachment 3.1-B Page 3-a

6a. Podiatrists' Services

Payment for the services of licensed podiatrists is limited to four (4) visits per recipient per state fiscal year. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

Podiatrist services shall be covered for medical and surgical treatments of the foot and lower leg for pathological conditions of the foot due to localized illness, injury, or symptoms involving the foot. Prevention and reduction of corns, calluses, and warts are covered if by cutting or surgical means only. Other licensed podiatrist services include routine foot care and trimming and burring of nails, including mycotic nails, performed by a podiatrist provided that:

The recipient's primary health care provider has documented in the recipient's medical record the the recipient's current medical condition justifies the need for such foot care to be performed by a podiatrist; and

The primary health care provider has written a referral to a podiatrist for such care, and the referral is maintained in the recipient's record.

6b. Optometrists' Services

Payment to state licensed optometrists or ophthalmologists for refraction is limited to one (1) per recipient per state fiscal year whether the provider is a licensed optometrist or ophthalmologist. The limit may be exceeded if prior authorization is granted by the Department based on medical necessity.

6c. Chiropractors' Services

Not provided

6d. Other Practitioners' Services

Clinical Psychologist

Treatment provided by a licensed clinical psychologist, who is not on the staff of a community mental health center, is unlimited except for psychotherapy treatment affiliated with outpatient hospital services Clinical psychologist services (in combination with ARNP and pastoral counselor services in 6d, and physician services in 5a) that are affiliated with outpatient hospital visits are limited to 12 per recipient per state fiscal year, except for emergency department (ED) and urgent care visits, which are not limited. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

TN No: 14-012 Supersedes

TN No: 13-015

Approval Date 10/22/2014

Effective Date: 8/15/2014

OFFICIAL

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

Title XIX – NH Attachment 3.1-A Page 3-b

6b. Optometrist Services

Payment to state licensed optometrists or ophthalmologists for refraction is limited to one (1) per recipient per state fiscal year whether the provider is a licensed optometrist or ophthalmologist. The limit may be exceeded if prior authorization is granted by the Department based on medical necessity.

6c. Chiropractor Services

Not covered

6d. Clinical Psychologist

Treatment provided by a licensed clinical psychologist, who is not on the staff of a community mental health center, is unlimited except for psychotherapy treatment affiliated with outpatient hospital services. Clinical psychologist services (in combination with ARNP and pastoral counselor services in 6d, and physician services in 5a) that are affiliated with outpatient hospital visits are limited to 12 per recipient per state fiscal year, except for emergency department (ED) and urgent care visits, which are not limited. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

Advanced Registered Nurse Practitioners

Section 6405 of P.L. 101-239 (OBRA 1989) is met by ARNP. Treatment provided by advanced registered nurse practitioners (known as advanced practice registered nurses-APRN's-in NH) who meet state licensure requirements is unlimited except for psychotherapy treatment affiliated with outpatient hospital services. ARNP psychotherapy services (in combination with clinical psychologist and pastoral counselor services in 6d, and physician services in 5a) that are affiliated with outpatient hospital visits are limited to 12 per recipient per state fiscal year, except for emergency department (ED) and urgent care visits, which are not limited. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

Certified Midwives

Midwife services comprised of the necessary supervision, care, and advice provided to women during the pregnancy, labor and postpartum period, and including care of the newborn, shall be provided pursuant to RSA 326-D and by individuals certified to practice midwifery in New Hampshire pursuant to RSA 326-D:6. For purposes of this Title XIX state plan service, certified midwives shall be considered the equivalent of licensed practitioners per CMS.

Pastoral Counselors

Psychotherapy services provided by a licensed pastoral counselor, who is not on the staff of a community mental health center, is unlimited except for psychotherapy treatment affiliated with outpatient hospital services. Pastoral counselor psychotherapy services (in combination with clinical psychologist and ARNP services in 6d, and physician services in 5a) that are affiliated with outpatient hospital visits are limited to 12 per recipient per state fiscal year, except for emergency department (ED) and urgent care visits, which are not limited. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

TN No: 14-012
Supersedes Approval Date 10/22/2014 Effective Date: 08/15/14

TN No: <u>13-015</u>

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Title XIX - NH

Attachment 4.19-B Page 1-a

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

- 4. <u>Family Planning Services</u> Payment for these services is provided in accordance with the same principles of reimbursement developed for the specific types of practitioners and/or services described elsewhere in the state plan which are considered to qualify as family planning services. For example, those types of individual practitioner's services which qualify as family planning services are paid in accordance with #5 and #6 below. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.
- 5. Physician Services Payment is made in accordance with a fee schedule established by the department pursuant to NH RSA 161:4, VI. Rates were last updated as of January 14, 2014, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.
- 6. Services of Other Licensed Practitioners Payment for all types of other licensed practitioners is made in accordance with a fee schedule established by the department pursuant to NH RSA 161:4, VI. Rates were last updated as of January 14, 2014, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Note: When it is stated that "rates were last updated as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that <u>all</u> of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 14-012

Supersedes TN No: 11-009 Approval Date <u>10/22/2014</u>

Effective Date: 08/15/14