
Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 14-013

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

December 2, 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 14-013

Dear Commissioner Toumpas,

We are pleased to enclose a copy of approved New Hampshire State Plan Amendment (SPA) No. 14-013 with an effective date of October 6, 2014. This SPA transmitted a proposed amendment to your approved Title XIX State plan to reflect a rate increase for personal care services in order to maintain an adequate, qualified and stable work force of personal care attendants for Medicaid beneficiaries.

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:
14-013

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
October 6, 2014

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:
42 CFR 447.252, 1902(a)(30) of the SSA

7. FEDERAL BUDGET IMPACT:
FFY 2015: \$649,428
FFY 2016: \$662,417

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attch 4.19-B, page 5
(no changes are being made to services)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attch 4.19-B, page 5, TN 12-009

10. SUBJECT OF AMENDMENT:
Personal Care Services Rate Increase

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:

13. TYPED NAME: Nicholas A. Toumpas

Dawn Landry
Office of Medicaid Business and Policy/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

14. TITLE: Commissioner

15. DATE SUBMITTED:
October 23, 2014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
October 23, 2014

18. DATE APPROVED:
December 2, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 6, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Richard R. McGreal

22. TITLE:
Associate Regional Administrator

23. REMARKS:
No pen & ink changes.

Division of Medicaid & Children's Health Operations
Boston, MA

OFFICIAL

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

- 20. Extended Services to Pregnant Women –For extended services to pregnant women provided by agencies under contract with the Division of Public Health, e.g., "Home Visiting NH and Child/Family Health Care Support" and "Extended Services to Pregnant Women," payment is made in accordance with a fee schedule as determined by the Department of Health and Human Services (Department). Rates have not been updated since March, 2004. For the one residential treatment and rehabilitation facility of fewer than 17 beds for pregnant and post-partum women, payment is based on a rate as determined by the Department. The rate is \$162.60 and does not include room and board. For all other providers, payment is made pursuant to the methodologies described in Attachment 4.19-B for the specific covered service or practitioner. Fee schedules are accessible at www.nhmmis.nh.gov under the "documents and forms" tab, and are applicable to all public and private providers.
- 21. a) Rural Health Clinics (RHC's)-Non Hospital Based – Payment for non-hospital based RHC's is made according to the same methodology used for Federally Qualified Health Centers (FQHC) and FQHC Look-A-Likes (LAL's) as described on page 5a through 5f.**

b) Rural Health Clinics (RHC's) – Hospital Based – Payment for hospital based RHC's is made according to the methodology described on page 5g.**
- 22. Personal Care Services – Payment for personal care services is made in accordance with a fee schedule developed by the Department. Rates for services were set as of October 6, 2014 and are effective for services 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, and are applicable to all public and private providers.
- 23. Federally Qualified Health Centers (FQHC's) and FQHC Look-A-Likes (LAL's) – Payment for FQHC's and FQHC LAL's is made according to the methodology described on page 5a. **

**Addendum to 21a and 23 above, RHC's and FQHC/FQHC-LAL's:

- X The payment methodology for RHC's/FQHC's/FQHC-LAL's will conform to section 702 of the Benefits Improvement and Protection Act (BIPA) of 2000.
- _____ The payment methodology for RHC's/FQHC's/FQHC-LAL's will conform to the BIPA 2000 requirements for a prospective payment system (PPS).
- X The payment methodology for RHC's/FQHC's/FQHC-LAL's will conform to the BIPA 2000 requirements for an alternative payment methodology. The payment amount determined under this methodology:
 - (1) is agreed to by the state and the center or clinic; and
 - (2) results in payment to the center or clinic of an amount which is at least equal to the PPS payment rate.

(Addendum continued on next page)