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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 15-0003

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

April 8, 2015

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 15-0003

Dear Commissioner Toumpas,

We are pleased to enclose a copy of approved New Hampshire State Plan Amendment (SPA) No. 15-0003 with an effective date of March 6, 2015. 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.

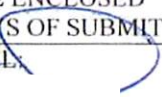

Sincerely,

/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: 15-003	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 March 6, 2015	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.252, 1902(a)(30) of the SSA		7. FEDERAL BUDGET IMPACT: Remainder of FFY 2015: \$34,776 FFY 2016: \$59,616	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Atch 4.19-B, page 5 (no changes are being made to services)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Atch 4.19-B, page 5, TN 14-013	
10. SUBJECT OF AMENDMENT: Personal Care Services Rate Increase			
11. GOVERNOR'S REVIEW (Check One): <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: 		16. RETURN TO: Dawn Landry Office of Medicaid Business and Policy/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	
13. TYPED NAME: Nicholas A. Toumpas		17. DATE RECEIVED: March 26, 2015	
14. TITLE: Commissioner -s-		18. DATE APPROVED: April 8, 2015	
15. DATE SUBMITTED: March 26, 2015		19. EFFECTIVE DATE OF APPROVED MATERIAL: March 6, 2015	
FOR REGIONAL OFFICE USE ONLY			
21. TYPED NAME: Richard R. McGreal		20. SIGNATURE OF REGIONAL OFFICIAL:  -s-	
23. REMARKS:		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations, Boston, MA	

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OFFICIAL

Title XIX – NH

Attachment 4.19-B
Page 5

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 March 6, 2015 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)

TN No: 15-003
Supersedes
TN No: 14-013

Approval Date 04/08/2015

Effective Date: 03/06/15