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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:16-0006

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

July 26, 2016

Jeffrey Meyers, Commissioner Department of Health and Human Services State of New Hampshire 129 Pleasant Street Concord, NH 03301

Dear Commissioner Meyers,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) No 16-006, received June 21, 2016 and entitled, "*Private Duty Nursing (PDN) Services Rate Increase and Methodology Change*" that transmitted a proposed amendment to NH's approved Title XIX State Plan to increase private duty nursing rates and structure those rates similar to the methodology common in the nursing profession, effective April 1, 2016.

Transmittal # 16-0006

--PDN Services Rate Increase and Methodology Change --Effective April 1, 2016

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: Deborah Fournier, Interim State Medicaid Director Diane Peterson, Medicaid Business and Policy

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0006	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 April 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (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 2016: \$623,698 \$356,285 FFY 2017: \$1,247,396 \$712,570	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attch 4.19-B, page 2 (no changes are being made to services)	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable): Attch 4.19-B, page 2, TN 11-009	
10. SUBJECT OF AMENDMENT: Private Duty Nursing Rate Increase and Methodology Change		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPEC will follow	IFIED: comments, if any,
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATORE/OF STATE/AGENCY OFFICIAL: /s/	16. RETURN TO:	
13. TYPED NAME: Jeffrey A. Meyers	Dawn Landry Office of Medicaid Business and Policy/Brown Building Department of Health and Human Services	
14. TITLE: Commissioner	129 Pleasant Street Concord, NH 03301	
15. DATE SUBMITTED: 06/21/2016		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: 06/21/2016	18. DATE APPROVED: 07/26/2016	
PLAN APPROVED – ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2016	20. SIGNATURE OF REGIØMAL OF	737
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Adn Division of Medicaid & Children's F	ninistrator Iealth Operations
	The second to the second	

23. REMARKS: NH requested a pen & ink change to reflect corrected FI amounts.

OFFICIAL

Attachment 4.19-B Page 2

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

- 7. Home Health Care Services Payment rates for nursing and home health aide services are established by the department. A unit means a 15 minute unit. Skilled nursing services are reimbursed a flat rate per visit. Home health aide visits composed of fewer than 8 units of direct care time are reimbursed a flat rate per visit. Home health aide visits composed of eight or more units of direct care time are reimbursed a flat rate per unit of direct care time. The agency's rates were set on April 1, 2010, and are effective for services provided on or after that date. Physical, occupational, and speech therapy/audiology services are reimbursed a per unit rate set by the department and in accordance with # 11 below. Medical supplies, equipment and appliances are reimbursed at rates set by the department. No provider shall bill or charge the department more than the provider's usual and customary charge. The fee schedule, which is applicable to all public and private providers of home health care services, can be accessed at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation." For equipment which is prior authorized, the approved reimbursement amount, which is based upon the provider's acquisition and retail costs and other individualized circumstances of the request such as rental/trial periods, accessories, etc., is provided on the prior authorization approval notice which is sent to the provider. For those supplies, equipment and appliances which are not individually priced based on the above circumstances, rates were set on April 1, 2010 and are effective for services provided on or after that date.
- 8. <u>Private Duty Nursing Services</u> Payment is made at a fee per hour in accordance with a fee schedule established by the department, with such fee schedule assigning fees based on day/evening hours, or night and weekend hours, or a more intensive level of care. Rates were set as of April 1, 2016, 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 <u>www.nhmmis.nh.gov</u>, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.
- 9. <u>Clinic Services</u> The individual practitioners who practice in the clinics are reimbursed according to the methodologies described in various entries in the state plan for the various types of practitioners providing the service. All fee schedules are accessible at <u>www.nhmmis.nh.gov</u>, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

 TN No:
 16-0006

 Supersedes
 TN No:

 TN No:
 11-009

Approval Date 07/26/2016

Effective Date: 04/01/2016