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State/Territory Name:

State Plan Amendment (SPA) #:16-0012

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

March 14, 2017

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

Dear Commissioner Meyers,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 16-0012, received September 30, 2016 and entitled "*Substance Use Disorder (SUD) Treatment and Recovery Support Services*" which transmitted a proposed amendment to New Hampshire's (NH) approved Title XIX State Plan to allow for the availability of SUD services for all individuals eligible for Medicaid.

Transmittal # 16-0012 -- Substance Use Disorder (SUD) Treatment and Recovery
Support Services
-- Effective July 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, State Medicaid Director
 Diane Peterson, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
16-0012

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
July 1, 2016

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 440.50, 440.60, 440.130

7. FEDERAL BUDGET IMPACT:
Remainder of FFY 2016: \$34,388 (FFS)
FFY 2017: \$135,551 (FFS)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Atch 3.1-A, page 3-b and page 6 pre-a1 and pre-a2 and pre-a3
Atch 3.1-B, page 3-b and page 5-a1 and 5-a2 and 5-a3
Atch 4.19-B, page 1a and pages 3b-3f
Atch 3.1-F, page 15
(no changes are being made to services)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

pre-a3
Atch 3.1-A, page 3-b, TN 14-012, page 6 pre a1, pre-a2(new pgs)
Atch 3.1-B, page 3-b, TN 14-012, page 5-a1, 5-a2 (new pgs) 5-a3
Atch 4.19-B, page 1a, TN 14-012, pages 3b-3f (new pgs)
Atch 3.1-F, page 15, TN 15-009

10. SUBJECT OF AMENDMENT:

Substance Use Disorder (SUD) Treatment and Recovery Support Services

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: Jeffrey A. Meyers

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:
September 30, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 30, 2016

18. DATE APPROVED: March 14, 2017

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations, Boston, MA

23. REMARKS: NH requests a pen & ink change to add Attachment 3.1-A page 6 pre-a3, and Attachment 3.1-B page 5-a3 as new pages.

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.

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.

Master Licensed Alcohol and Drug Counselors (MLADC) and Licensed Alcohol and Drug Counselors (LADC)

MLADC's who are licensed by the NH Board of Licensing for Alcohol and other Drug Use Professionals and LADC's who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, shall be permitted to provide only certain Substance Use Disorder (SUD) Treatment and Recovery Support Services as allowed by the Department.

13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services

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Substance Use Disorder (SUD) Treatment and Recovery Support Services

SUD services covered under the rehabilitative benefit include the following:

- a. Screenings for the purpose of identifying individuals who have an alcohol or drug use problem or who are at risk for developing one. Screenings include evaluating responses to standardized screening instrument questions about the context, frequency, and amount of alcohol and other drug use. The screening must be performed by licensed psychotherapy providers, licensed MLADC's, or LADC's engaged in independent practice in accordance with NH statutes.
- b. Individual, group, or family treatment consistent with Level 1, ASAM Criteria 2013. Treatment consists of services provided by a clinician to assist an individual(s) to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to alcohol and other drug related problems. Services must be performed by licensed psychotherapy providers, licensed MLADC's, LADC's engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRN's.
- c. Intensive outpatient SUD services consistent with Level 2.1 which means intensive and structured individual and group alcohol and/or other drug treatment services and activities provided at least 3 hours a day and at least 3 days a week for recipients age 21 and over, and at least 2 hours a day and at least 3 days a week for recipients under age 21 and to include a range of outpatient treatment services and other ancillary and/or other drug services. Services must be delivered by licensed psychotherapists or licensed MLADC's.
- d. Partial hospitalization consistent with Level 2.5, ASAM Criteria 2013, involving intensive and structured individual and group treatment of moderate to severe co-occurring mental health disorders that are provided at least 20 hours per week, but which, at this level, does not involve 24-hour care. This level encompasses services that are capable of meeting the complex needs of people with co-occurring substance use and other conditions and is typically an organized, outpatient service that delivers treatment services usually during the day. Services, with the exception of medication management, must be delivered by licensed psychotherapists or licensed MLADC's. Medication management must be delivered by licensed psychiatrists or licensed APRN's with a psychiatric specialty.

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13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

e. Medically monitored outpatient withdrawal management, consistent with Level 1-WM, ASAM Criteria 2013. Services shall be provided under an integrated or collaborative service model and, at this level, consist of outpatient withdrawal management without extended on-site monitoring. Services must be delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in the outpatient setting. These providers shall be licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

f. Crisis intervention when a recipient is facing a crisis or emergency situation and the crisis intervention is related to the recipient's SUD. Crisis intervention is a response to a crisis or emergency situation experienced by an individual which is related to a recipient's SUD. Services must be performed by licensed psychotherapy providers, licensed MLADC's, LADC's engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRN's.

g. Peer recovery support involving non-clinical services to help recipients and families identify and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, coordinating care by providing links to professional treatment and community supports. Peer recovery support services are recipient directed and delivered by peers who have lived experience with recovery and who are certified recovery support workers (CRSW) or licensed LADC's or MLADC's, all of whom must have at least 30 contact hours of recovery coach training approved by the NH Training Institute on Addictive Disorders, the NAADAC Association for Addiction Professionals, the New England Institute of Addiction Studies, the Addiction Technology Transfer Center, or the Connecticut Communities of Addiction Recovery Coach Academy. Supervision of the CRSW or LADC is carried out by an MLADC.

h. Non-peer recovery support including non-clinical group or individual services consistent with a recipient's treatment plan that help to prevent relapse and promote recovery. Services must be provided by a CRSW or licensed LADC or MLADC. The CRSW and licensed LADC must be under the supervision of an MLADC.

i. Continuous recovery monitoring including recovery check-ups with recipients on a regular basis, evaluations of the status of the recipient's recovery, consideration of a broad array of recipient needs, and provision of active referral to community resources as applicable. Services must be provided by a CRSW or licensed LADC or MLADC. The CRSW and licensed LADC must be under the supervision of an MLADC.

13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

j. Evaluations to determine the existence and severity of the SUD and appropriate level of care for the recipient. This service must be provided by a licensed psychotherapist, a licensed MLADC, or a LADC engaged in independent practice in accordance with NH statutes.

k. Medically monitored residential withdrawal management consistent with Level 3.7-WM, ASAM Criteria 2013, meaning that such services are organized and delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in a 24-hour live-in setting for the purpose of stabilizing situations of severe withdrawal. This residential setting is not an Institute for Mental Disease (IMD). Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

l. Rehabilitative services in a facility licensed as a residential treatment and rehabilitation facility. Recipients being treated at an ASAM 3.5 level of care must be present in the facility at least 22 hours per day. For recipients age 21 and over, this is a clinically managed, high-intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. For recipients under age 21, this service is a clinically managed, medium intensity, residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning.

Recipients treated at an ASAM 3.1 level of care receive a level of service that is a clinically managed, low intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

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6d. Other Practitioner's Services (cont)

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.

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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.

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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.

Master Licensed Alcohol and Drug Counselors (MLADC) and Licensed Alcohol and Drug Counselors (LADC)

MLADC's who are licensed by the NH Board of Licensing for Alcohol and other Drug Use Professionals and LADC's who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, shall be permitted to provide only certain Substance Use Disorder (SUD) Treatment and Recovery Support Services as allowed by the Department.

TN No: 16-0012
Supersedes
TN No: 14-012

Approval Date 03/14/2017

Effective Date: 07/01/2016

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13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services

Substance Use Disorder (SUD) Treatment and Recovery Support Services

SUD services covered under the rehabilitative benefit include the following:

- a. Screenings for the purpose of identifying individuals who have an alcohol or drug use problem or who are at risk for developing one. Screenings include evaluating responses to standardized screening instrument questions about the context, frequency, and amount of alcohol and other drug use. The screening must be performed by licensed psychotherapy providers, licensed MLADC's, or LADC's engaged in independent practice in accordance with NH statutes.
- b. Individual, group, or family treatment consistent with Level 1, ASAM Criteria 2013. Treatment consists of services provided by a clinician to assist an individual(s) to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to alcohol and other drug related problems. Services must be performed by licensed psychotherapy providers, licensed MLADC's, LADC's engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRN's.
- c. Intensive outpatient SUD services consistent with Level 2.1 which means intensive and structured individual and group alcohol and/or other drug treatment services and activities provided at least 3 hours a day and at least 3 days a week for recipients age 21 and over, and at least 2 hours a day and at least 3 days a week for recipients under age 21 and to include a range of outpatient treatment services and other ancillary and/or other drug services. Services must be delivered by licensed psychotherapists or licensed MLADC's.
- d. Partial hospitalization consistent with Level 2.5, ASAM Criteria 2013, involving intensive and structured individual and group treatment of moderate to severe co-occurring mental health disorders that are provided at least 20 hours per week, but which, at this level, does not involve 24-hour care. This level encompasses services that are capable of meeting the complex needs of people with co-occurring substance use and other conditions and is typically an organized, outpatient service that delivers treatment services usually during the day. Services, with the exception of medication management, must be delivered by licensed psychotherapists or licensed MLADC's. Medication management must be delivered by licensed psychiatrists or licensed APRN's with a psychiatric specialty.

TN No: 16-0012
Supersedes
TN No: new page

Approval Date 03/14/2017

Effective Date: 07/01/2016

13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

e. Medically monitored outpatient withdrawal management, consistent with Level I-WM, ASAM Criteria 2013. Services shall be provided under an integrated or collaborative service model and, at this level, consist of outpatient withdrawal management without extended on-site monitoring. Services must be delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in the outpatient setting. These providers shall be licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

f. Crisis intervention when a recipient is facing a crisis or emergency situation and the crisis intervention is related to the recipient's SUD. Crisis intervention is a response to a crisis or emergency situation experienced by an individual which is related to a recipient's SUD. Services must be performed by licensed psychotherapy providers, licensed MLADC's, LADC's engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRN's.

g. Peer recovery support involving non-clinical services to help recipients and families identify and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, coordinating care by providing links to professional treatment and community supports. Peer recovery support services are recipient directed and delivered by peers who have lived experience with recovery and who are certified recovery support workers (CRSW) or licensed LADC's or MLADC's, all of whom must have at least 30 contact hours of recovery coach training approved by the NH Training Institute on Addictive Disorders, the NAADAC Association for Addiction Professionals, the New England Institute of Addiction Studies, the Addiction Technology Transfer Center, or the Connecticut Communities of Addiction Recovery Coach Academy. Supervision of the CRSW or LADC is carried out by an MLADC.

h. Non-peer recovery support including non-clinical group or individual services consistent with a recipient's treatment plan that help to prevent relapse and promote recovery. Services must be provided by a CRSW or licensed LADC or MLADC. The CRSW and licensed LADC must be under the supervision of an MLADC.

i. Continuous recovery monitoring including recovery check-ups with recipients on a regular basis, evaluations of the status of the recipient's recovery, consideration of a broad array of recipient needs, and provision of active referral to community resources as applicable. Services must be provided by a CRSW or licensed LADC or MLADC. The CRSW and licensed LADC must be under the supervision of an MLADC.

13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

j. Evaluations to determine the existence and severity of the SUD and appropriate level of care for the recipient. This service must be provided by a licensed psychotherapist, a licensed MLADC, or a LADC engaged in independent practice in accordance with NH statutes.

k. Medically monitored residential withdrawal management consistent with Level 3.7-WM, ASAM Criteria 2013, meaning that such services are organized and delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in a 24-hour live-in setting for the purpose of stabilizing situations of severe withdrawal. This residential setting is not an Institute for Mental Disease (IMD). Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

l. Rehabilitative services in a facility licensed as a residential treatment and rehabilitation facility. Recipients being treated at an ASAM 3.5 level of care must be present in the facility at least 22 hours per day. For recipients age 21 and over, this is a clinically managed, high-intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. For recipients under age 21, this service is a clinically managed, medium intensity, residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning.

Recipients treated at an ASAM 3.1 level of care receive a level of service that is a clinically managed, low intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

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

4. Family Planning Services – 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. Rates were set as of July 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 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. Rates were set as of July 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 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 set 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 all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 16-0012
Supersedes
TN No: 14-012

Approval Date 03/14/2017

Effective Date: 07/01/16

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services – New Hampshire's Medicaid state plan specifies the reimbursement methodology in Attachment 4.19-A and Attachment 4.19-B for some of the services that are rendered for the treatment of substance use disorders. Please refer to the appropriate, existing Attachments for these services as follows:

Attachment 4.19-A – Inpatient Hospital Reimbursement

- Inpatient Hospital Acute Care Services for Substance Use Disorders
- Inpatient Governmental Psychiatric Hospital

Attachment 4.19-B – Payment for All Types of Care Other Than Inpatient Hospital, Skilled Nursing, or Intermediate Nursing Care Services

- Outpatient Hospital Services, except when providing outpatient or comprehensive SUD services, which are reimbursed as per the below
- Physician Services
- Services of Other Licensed Practitioners
- Clinic Services
- EPSDT
- Prescribed Drugs
- Extended Services to Pregnant Women
- Federally Qualified Health Center (FQHC) and FQHC Look-A-Like Services

Some SUD services under the rehabilitative section 13d of Attachment 3.1-A and 3.1-B can also be billed by outpatient and comprehensive SUD programs. Payment under these two programs is made as follows:

a. Screenings: Payment for screenings shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 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. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

b. Individual, Group, or Family Treatment: Payment for individual, group, or family treatment shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 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. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

c. Crisis Intervention: Payment for crisis intervention shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 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. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

d. Peer Recovery Support: Payment for peer recovery support shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 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. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

In addition to billings by outpatient and comprehensive SUD programs, peer recovery support services may also be billed by peer recovery programs accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) or that are under contract with the department.

e. Non-Peer Recovery Support: Payment for non-peer recovery support shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 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. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

f. Continuous Recovery Monitoring: Payment for continuous recovery monitoring shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 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. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

g. Evaluation: Payment for evaluations shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 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. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

TN No: 16-0012
Supersedes
TN No: new page

Approval Date 03/14/2017

Effective Date: 07/01/2016

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

h. Intensive Outpatient SUD Services: Payment for intensive outpatient SUD services shall be made at a per diem rate established by the Department. Rates were set as of July 1, 2016, and are effective for services provided on or after that date. Intensive outpatient SUD services are comprised of a combination of individual and group treatment services for 3 hours/day, 3 days/week for recipients age 21 and over and 2 hours/day, 3 days/week for recipients under age 21 and includes a range of outpatient treatment services and other ancillary and/or other drug services. The service is similar to the current Medicaid behavioral health service of 1/2 day of behavioral health partial hospitalization (H0035) and was, therefore, priced at the same rate, and also mirrors the rate established in 2014 for the alternative benefit plan (ABP) intensive outpatient SUD service. All fee schedules are accessible at www.nhmmis.nh.gov (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

i. Partial Hospitalization: Payment for partial hospitalization shall be made at a per diem rate established by the Department. Rates were set as of July 1, 2016, and are effective for services provided on or after that date. Partial hospitalization is comprised of a combination of a range of group and individual outpatient treatment services that are provided at least 20 hours/week. It was determined that this level and intensity of service was similar to the current Medicaid covered full day of behavioral health partial hospitalization (S0201) and thus, this service was priced at the same rate. It also mirrors the rate established in 2014 for the alternative benefit plan (ABP) partial hospitalization service. All fee schedules are accessible at www.nhmmis.nh.gov (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

j. Medically Monitored Outpatient Withdrawal Management: Payment for medically monitored outpatient withdrawal management shall be made at a per visit rate established by the Department. Rates were set as of July 1, 2016, and are effective for services provided on or after that date. These services must be supervised by a physician and include such things as physician assessment for withdrawal, vitals, and physician management of any elevated levels. This service typically takes place over the course of 3-10 days. Due to the nature of the service, it was compared to a physician visit for ratesetting purposes. It was determined that it was best compared to an established patient office visit, which is defined as requiring 2 of 3 components (detailed history, detailed exam, medical decisions of moderate complexity). It was therefore priced equivalent to Medicaid’s current rate for the office visit code of 99214. It also mirrors the rate established in 2014 for the alternative benefit plan (ABP) medically monitored outpatient withdrawal management service. All fee schedules are accessible at www.nhmmis.nh.gov (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

TN No: 16-0012
Supersedes
TN No: new page

Approval Date 03/14/2017

Effective Date: 07/01/2016

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

The following rehabilitative services are offered by comprehensive SUD programs and billed as follows:

k. Medically Monitored Residential Withdrawal Management: Payment for medically monitored residential withdrawal management provided in a residential treatment and rehabilitation facility shall be made at a per diem rate established by the Department. Rates were set as of July 1, 2016, and are effective for services provided on or after that date. Medically monitored residential withdrawal management includes medical service components such as monitoring of vital signs and managing medications for withdrawal from alcohol and other drug substances. This service is clinically equivalent to a high intensity level of specialty care and thus payment shall be made at the \$230 per diem rate as described below for high intensity specialty care. This rate also mirrors the rate established in 2014 for the alternative benefit plan (ABP) medically monitored residential withdrawal management. All fee schedules are accessible at www.nhmmis.nh.gov (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

l. Rehabilitative Services in a Residential Treatment and Rehabilitation Facility: Payment for services in a residential treatment and rehabilitation facility shall be made at per diem rates established by the Department based on the appropriate level of intensity (low, medium, high, or specialty care such as extended services to pregnant women and children) in accordance with the American Society of Addiction Medicine (ASAM) Criteria. Rates were set as of July 1, 2016, and are effective for services provided on or after that date. The per diem rates were established based on rates paid by Medicaid or on a contract basis by various divisions for similar services and based on clinical determinations of similarities of service delivery, practitioner involvement, and intensity. Payment includes only costs associated with qualified rehabilitation providers and does not include room and board.

A clinical determination was made that the low level intensity service for adults should be priced at the current Medicaid rate for therapeutic behavioral health services (H2020) which is a per diem rate of \$120.00. By their nature, adolescent services are more involved than adult services at the low level of intensity. These adolescent services were priced at a per diem rate of \$128.00.

The high level intensity services for adults were priced based on the current Medicaid rate (\$162.60) for high level intensity services. The comparable medium level intensity services for adolescents were priced at a per diem rate of \$170.00. This rate was based on the current Medicaid rate (\$170.00) for a similar adolescent facility under the division for children, youth and families, and the fact that adolescent services are more involved than adult services and thus should be priced somewhat higher.

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

1. Rehabilitative Services in a Residential Treatment and Rehabilitation Facility (continued):

High intensity specialty care, which encompasses the extended services to pregnant women substance use programs, was priced using the current program's price of \$162.60 as a basis. This Medicaid rate was set about 20 years ago based on cost reporting and contract prices that were then reviewed and substantiated a year after the program was launched. Based on this information, and in comparison to the proposed adult high intensity rate of \$162.60, a rate of \$230 has been set for the high intensity specialty level of care for pregnant and postpartum women in substance use treatment programs. This rate takes into account that the \$162.60 rate has not been increased in over 20 years with such proposed increase being equivalent to less than a 2% inflation factor over each of 18 years. It also takes into consideration the complexities of specialty care for this population such as ensuring access to obstetrical care and active participation in pre-natal care and parenting.

Once the above rates were calculated, they were compared to the average per diem rate for a rehabilitation hospital stay to ensure that they were reasonable; rates were found to be substantially and acceptably less than the average per diem rate of \$847.59. These rates also mirror the rates established in 2014 for the alternative benefit plan (ABP) residential treatment and rehabilitation facility service. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

TN No: 16-0012
Supersedes
TN No: new page

Approval Date 03/14/2017

Effective Date: 07/01/2016

State: New Hampshire

OFFICIAL

Citation	Condition or Requirement
	Family planning services Medical services clinics (mostly methadone clinics) PT, ST, OT Audiology services Podiatry services Home Health Services Private Duty Nursing, (for NHHPP program, EPSDT only) Adult medical day care, (for NHHPP program, EPSDT only) Personal care services, for (NHHPP program, EPSDT only) Hospice Optometric services, eyeglasses Medical supplies and DME Non emergent medical transportation and mileage reimbursement for med need travel Ambulance and Wheelchair van Service Independent care management (for NHHPP program, EPSDT only) Home visiting service, for NHHPP program it is provided within the SUD benefit SUD (Substance Use Disorder Services) Chiropractic services for NHHPP population only Emergency services and post-stabilization services
1932(a)(5)(D)(b)(4) 42 CFR 438.228	J. <input checked="" type="checkbox"/> The state assures that each managed care organization has established an internal grievance procedure for enrollees.
1932(a)(5)(D)(b)(5) 42 CFR 438.206 42 CFR 438.207	K. Describe how the state has assured adequate capacity and services. The state Medicaid agency, through MCO contracts, meets the network adequacy assurance requirement through a robust set of time and distance standards determined at the county level. The Medicaid agency receives and evaluates semi-annual network adequacy reports from the MCO's. Additionally, the ERQO reports separately on combined managed care and fee-for-service network adequacy.
1932(a)(5)(D)(c)(1)(A) 42 CFR 438.240	L. <input checked="" type="checkbox"/> The state assures that a quality assessment and improvement strategy has been developed and implemented.
1932(a)(5)(D)(c)(2)(A) 42 CFR 438.350	M. <input checked="" type="checkbox"/> The state assures that an external independent review conducted by a qualified independent entity will be performed yearly.

TN No: 16-0012
Supersedes
TN No: 15-009

Approval Date 03/14/2017

Effective Date: 07/01/16