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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 16-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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

1. TRANSMITTAL NUMBER:
16-0015

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 440.70

7. FEDERAL BUDGET IMPACT:
None - service language update only

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Atch 3.1A, page 3-b1
Atch 3.1 B, page 3-b.1
no changes are being made to reimbursement

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Atch 3.1-A, page 3-b.1, TN 13-015
Atch 3.1-B, page 3-b.1, TN 13-015

10. SUBJECT OF AMENDMENT:
Home Health Portability and Face to Face Requirements

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:
-s- [Redacted]

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: Jeffrey A. Meyers

14. TITLE: Commissioner

15. DATE SUBMITTED: September 30, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2016

18. DATE APPROVED: November 8, 2016

PLAN APPROVED - ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:
-s- [Redacted]

21. TYPED NAME: Richard R. McGreal

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

23. REMARKS:

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

Title XIX – NH
Attachment 3.1-A
Page 3-b.1

OFFICIAL

Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services home health aide services, and the services specified in 7c and 7d. Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3). A face to face encounter, in accordance with 42 CFR 440.70(f), is required. Medicaid recipients do not have to be homebound in order to receive home health services. Home health services can be provided in any non-institutional setting in which normal life activities take place. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

Services cannot be provided in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 470.70(c).

TN No: 16-0015
Supersedes
TN No: 13-015

Approval Date 11/08/2016

Effective Date: 07/01/2016

7. Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services, and the services specified in 7c- and 7d. Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3). A face to face encounter, in accordance with 42 CFR 440.70(f), is required. Medicaid recipients do not have to be homebound in order to receive home health services. Home health services can be provided in any non-institutional setting in which normal life activities take place. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

Services cannot be provided in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 470.70(c).

7c. Medical Supplies, Equipment and Appliances

Prior authorization is required for the purchase of most (prosthetics and orthotics which fall under DME in the department's rules, but under item #12 in the state plan, do not require prior authorization) durable medical equipment as detailed in the department's rules at He-W 571, as well as for modifications to manual or power wheelchairs. Repairs to power wheelchairs require prior authorization if the repairs total \$800 or more.

Prior authorization is required for disposable diapers and related incontinence supplies for recipients 21 years of age and older. Other medical supplies do not require prior authorization.

7d. Physical and Occupational Therapy, Speech Pathology and Audiology Services

When provided by a home health agency, visiting nurse association or independent therapist, these services are limited to eighty (80), fifteen minute units per recipient per state fiscal year. The eighty (80) units may be used for one type of therapy or in any combination of therapies. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

Physical, Occupational and Speech Pathology/Audiology Services are provided in accordance with the service and practitioner requirements of 42 CFR 440.110 and 42 CFR 440.70(b)(4).