
Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 19-0006

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



Boston Regional Operations Group

October 8, 2019

Jeffrey A. 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 19-0006, entitled, "*Substance Use Disorder (SUD) - Rate Increase – Rehabilitative Services in Residential Treatment and Rehabilitation Facility,*" which proposed an increase in the rate for adults receiving rehabilitative services at a high level of intensity in a residential treatment and rehabilitation facility. This state plan amendment was submitted in the quarter ending March 31, 2019, for an effective date of January 1, 2019.

Please note that our approval relates only to the requested change in payment methodology and CMS may still have questions on the funding structure in determining its consistent with section 1902(a)(2) and 1903(a) of the Act as implemented by 42 CFR § 433.54. Therefore, our approval relates only to the requested change in payment methodology and that the resultant rates and related expenditures are consistent with section 1902(a)(30)(A) of the Act. Approval of the subject SPA does not relieve the State of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements.

If there are questions, please contact Joyce Butterworth at (603) 545-2941 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough
Director
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
19-0006

2. STATE
NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2019

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 440.130

7. FEDERAL BUDGET IMPACT
a. Remainder of FFY 2019: \$1,645,650
b. FFY 2020: \$2,194,200

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 3e
(No changes to service pages)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, page 3e, TN 16-0012

10. SUBJECT OF AMENDMENT

Substance Use Disorder (SUD) - Rate Increase - Rehabilitative Services in Residential Treatment and Rehabilitation Facility

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

13. TYPED NAME *AL* Jeffrey A. Meyers */s/*

14. TITLE Commissioner

15. DATE SUBMITTED 2/6/2019

16. RETURN TO
Dawn Landry
Division of Medicaid Services/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 02/06/2019

18. DATE APPROVED 10/08/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME Francis T. McCullough

22. TITLE Director
Division of Medicaid Field Operations East (Boston)

23. REMARKS

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)

Comprehensive SUD Program:

a. 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.

b. 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 January 1, 2019, 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, rates paid by other states for similar services, and based on clinical determinations of similarities of service delivery, practitioner involvement, and intensity. Payment 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 rate for high level intensity services for adults was priced at \$247.82 based on an assessment of in-state services and rates, as well as rates paid by other states for similar services. The comparable medium level intensity services for adolescents are 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.

TN No: 19-0006

Supersedes

TN No: 16-0012

Approval Date 10/08/2019

Effective Date: 01/01/2019