

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 21-0017**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

June 25, 2021

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

RE: TN 21-0017

Dear Commissioner Shibinette:

We have reviewed the proposed New Hampshire (NH) State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2021. This plan amendment allowed for a 3.1% increase to Targeted Case Management (TCM).

Based upon the information provided by the State, we have approved the amendment with an effective date of January 01, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

Please note that 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. CMS may still have questions on the funding structure in determining it's consistent with sections 1902(a)(2), 1903(a), and 1903(w) of the Act as implemented by 42 CFR § 433.54. 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. On April 2, 2021, CMS issued a letter on the New Hampshire Granite Advantage Health Care Trust Fund, in companion to the approval of New Hampshire's Medicaid managed care state directed payment preprints. The letter requested additional information to allow CMS to further review the state's sources of non-federal share financing of the Medicaid adult expansion population. The state responded to the letter on May 28, 2021, and CMS will continue to review the funding structure in question based on the state's response. The result of the review may also be applicable to the expenditures related to the payments authorized in this SPA.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures  
cc:

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**21-0017**

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, 2021

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 440.169, 42 CFR Part 447

7. FEDERAL BUDGET IMPACT  
FFY 2021: \$177,614  
FFY 2022: \$236,819

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B, Page 4b, 4c, 4d, 4e, 4g

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
Attachment 4.19-B, Page 4b through Page 4e; and  
Page 4g TN 20-0017

10. SUBJECT OF AMENDMENT

Targeted Case Management - NH 2021 Budget Increase

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

13. TYPED NAME Ann H. Landry

14. TITLE Associate Commissioner

15. DATE SUBMITTED

3/30/2021

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  
March 30, 2021

18. DATE APPROVED  
June 25, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
Todd McMillion

22. TITLE  
Director, Division of Reimbursement Review

23. REMARKS

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

19. Case Management Services:

a. Behavioral Health Case Management Services

Payment rates for case management services provided to adult Medicaid recipients with severe and persistent mental illness or Medicaid eligible children with severe emotional disturbances are made on a monthly basis and are made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2021, 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](http://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: 21-0017  
Supersedes  
TN No: 20-0017

Approval Date 6/25/21

Effective Date: 01/01/2021

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

19. Case Management Services (continued):

b. Developmental Services Case Management Services

Payment rates for case management services provided to Medicaid recipients with developmental disabilities are made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2021, 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](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.

Case management providers are paid a unit of service equivalent to a monthly rate per eligible recipient and the rate may be billed only if services are actually provided in the month. The rate was originally set based on comparisons with other states and to applicable services and rates in NH.

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.

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19. Case Management Services (continued):

c. Adults with Chronic Illnesses or Disabilities Case Management Services

Payment rates for case management services provided to Medicaid recipients who are adults with chronic illnesses or disabilities are made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2021, 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](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation” (use the HCBC-CFI fee schedule), and are applicable to all public and private providers.

Case management providers are paid using a day as a unit of service. The rate for the service is per day and is limited to 25 days/month. The rate was originally set based on comparisons with other states and to applicable services and rates in NH.

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.

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

19. Case Management Services (continued):

d. Chronically Ill Children Case Management Services

Payment rates for case management services provided to Medicaid recipients under the age of 21 and certified by a physician as having a chronic illness are made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2021, 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.mmis.nh.gov](http://www.mmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Case management providers are paid a unit of service equivalent to a monthly rate per eligible child and the rate may only be billed if services are actually provided in the month. The rate was originally set based on comparisons with other states and to applicable services and rates in NH.

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.

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19. Case Management Services (continued):

f. EPSDT Care Coordination Case Management Services

Payment rates for case management services provided to Medicaid recipients under the age of 21 are made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2021, 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.mmis.nh.gov](http://www.mmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Case management providers are paid a 1 unit rate per eligible child when case management is provided in conjunction with a well-child visit delivered in accordance with the Bright Futures/American Academy of Pediatrics periodicity schedule.

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.

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