

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 24-0021**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 12, 2024

Lori A. Weaver  
Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 24-0021

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0021. This amendment is being submitted to demonstrate and ensure that community-based mobile crisis intervention services are provided to New Hampshire Medicaid beneficiaries as outlined in Section 9813 of the American Rescue Plan of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1947(d) of the Social Security Act. This letter informs you that New Hampshire's Medicaid SPA TN 24-0021 was approved on September 12, 2024, with an effective date of April 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Hampshire State Plan.

If you have any questions, please contact Joyce Butterworth at 857-357-6375 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director  
Dawn Tierney, Medicaid Business and Policy

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 2 1</u>	2. STATE <u>NH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
 CENTERS FOR MEDICAID & CHIP SERVICES  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
 Title XIX of the Social Security Act, Section 1947(d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
 a. FFY 2024 \$ 303,676  
 b. FFY 2025 \$ 607,351

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
 Attachment 4.19-B, Page 3 a-3  
 Attachment 3.1-A, Page 6-a.1 (page 1) (new page)  
 Attachment 3.1-A, Page 6-a.1 (page 2) (new page)  
 Attachment 3.1-A, Page 6-a.2 (new page)  
 Attachment 3.1-B, Page 5-b.1 (page 1) (new page)  
 Attachment 3.1-B, Page 5-b.1 (page 2) (new page)  
 Attachment 3.1-B, Page 5-b.2 (new page)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
 Attachment 4.19-BB, Page 3a-3 (TN-23-0041) (TN 24-0017)

9. SUBJECT OF AMENDMENT  
 Community-Based Mobile Crisis Intervention Services

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. TYPED NAME  
 Ann H. Landry

13. TITLE  
 Associate Commissioner

14. DATE SUBMITTED  
 June 24, 2024

15. RETURN TO  
 Jody Farwell  
 Division of Medicaid Services - Brown Building  
 129 Pleasant Street  
 Concord, NH 03301

**FOR CMS USE ONLY**

16. DATE RECEIVED  
 June 24, 2024

17. DATE APPROVED  
 September 12, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
 April 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL  
 [Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
 James G. Scott

21. TITLE OF APPROVING OFFICIAL  
 Director, Division of Program Operations

22. REMARKS  
 Governor's comments, if any, will follow 09/03/2024 : The State authorized the following pen & ink changes:  
 Box 7: Correct pagination and add new SPA page Attachment 3.1-A, Page 6-a.1 (page 2) (new page) and Attachment 3.1-B, Page 5-b.1 (page 2) (new page)  
 Box 8: Correct superseded SPA number  
 09/10/2024:  
 Box 8 Correct Attachment nomenclature

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

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services (continued)

**Crisis Response and Stabilization Services (CRS)**

CRS services covered include Crisis Stabilization, and Crisis Stabilization Centers (CSC).

CRS services are intended to provide rapid crisis response, individual assessment, and evaluation and treatment of mental health crisis to individuals experiencing a mental health crisis or substance use disorder crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical in an individual's life, in which the outcome may decide whether possible negative consequences will follow. CRS services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.

**Crisis Stabilization** is an outpatient service providing up to 30-days of stabilization services per crisis episode. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity. Crisis Stabilization includes services that are designed to ameliorate or minimize an acute crisis episode or to prevent incarceration, emergency department, inpatient psychiatric hospitalization, or medical detoxification. Services are provided to recipients who have suffered a breakdown of their normal strategies or resources and who exhibit acute problems or disturbed thoughts, behaviors, or moods which could threaten the safety of self or others.

Services include - crisis triage; screening and assessment; de-escalation and stabilization; brief intervention or psychological counseling; peer support; prescribing and administering medication if applicable; and referral to services. Ambulatory withdrawal management may be included. Services can be delivered through telehealth, face-to-face crisis intervention in a clinic setting; and in the community at a location best suited to meet the needs of the individual and in the least restrictive environment available.

**Crisis Stabilization Centers** are community-based alternatives to hospitalization or incarceration. The facilities are either outpatient only (providing crisis stabilization as indicated above), or outpatient and residential, with no more than 16 beds. The facilities are not an Institution for Mental Diseases. They serve youth and adults to provide stabilization of behavioral health crises including emergency mental health evaluation, withdrawal management, and care.

Services include - mental health and substance use disorder assessment, de-escalation and stabilization; brief intervention and psychological counseling; clinical consultation and supervision for bio-medical, emotional, behavioral, and cognitive problems; psychological and psychiatric consultation; and may include other covered services under the State Plan determined through the assessment process, including ambulatory withdrawal management.

All services will be provided by practitioners performing within the scope of their license or certification as defined or required by State law or as otherwise authorized by the Department, including through the use of interdisciplinary teams to provide crisis stabilization services. At minimum, the provider agency must include the following staffing:

- 1) An administrator responsible for all aspects of the daily operation of the crisis stabilization center. The administrator must be either a clinician, licensed as required by State law to provide psychotherapy or drug and alcohol counseling and capable of conducting an assessment for individuals under that license or a person who also serves as the clinical director, as described below.
- 2) A clinical director with management experience and working knowledge of behavioral health related crisis intervention strategies, who is licensed as required by State law to provide psychotherapy or drug and alcohol counseling. The clinical director is responsible for managing the delivery of supports and services provided by the crisis stabilization center.

TN No: 24-0021

Supersedes

TN No: N/A, new page

Effective Date: 04/01/2024

Approval Date: 09/12/2024

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

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services (continued)

- 3) Supervising nurse who is accessible during all hours of crisis stabilization center operation. This requirement may be met through access to a supervising nurse who is a registered nurse of advanced practice registered nurse licensed to practice under state law and available via telehealth if not otherwise available in the same building.
- 4) An on-call physician, a physician assistant, or a registered nurse with advanced practice credentials capable of prescribing medications used in the treatment of mental illness and substance use disorders and licensed as required by State law, who is available during all hours of crisis stabilization center operation.
- 5) Master's level licensed mental health practitioners and master's level alcohol and drug counselors who are capable of conducting an assessment under their license, and master's level candidates for licensure who are capable of conducting an assessment under the supervision of the master's level licensed equivalent practitioner on staff pursuant to State law. This role must be accessible to the crisis stabilization center in person or through telehealth to conduct assessments during all hours of crisis stabilization center operation, in sufficient quantity to meet the needs of individuals receiving services in the crisis stabilization center at any one time.
- 6) Peers, certified under State law or as certified by the Department and supervised by a competent mental health professional, to provide peer services in person or by telehealth based on the peer's experience with mental health or substance use disorder and completion of Department-approved training in crisis intervention strategies. This role must be available to provide peer services during all hours of crisis stabilization center operations in sufficient quantity to meet the needs of individuals receiving services in the crisis stabilization center at any one time; and
- 7) At least one member of personnel trained in basic cardiac life support (BCLS), the use of the automated external defibrillator (AED) equipment, and first aid during all hours of crisis stabilization center operations.

If the crisis stabilization center is operated by a provider agency that is a State certified Community Mental Health Center, a NH-based Federally Qualified Health Center or Rural Health Clinic, or an acute care hospital licensed by the Department, and the operation of the crisis stabilization center falls under the oversight of the provider agency's senior executive officer, senior operations officer or medical director, the administrator, clinical director, and supervising nurse positions may be fulfilled by one or more individuals, working full or part time for the crisis stabilization center, in an equivalent amount to the number of hours that the crisis stabilization center operates, due to the presence of appropriate administrative, medical and clinical oversight available within the provider agency. At all times of operation, the crisis stabilization center must have the personnel capacity qualified under State law to provide assessments, crisis interventions, and crisis stabilization services, to prescribe and administer medication used in the treatment of mental illness and substance use disorders, and to provide basic cardiac life support and first aid to all individuals receiving crisis stabilization center services.

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

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services (continued)

**Mobile Crisis Response and Stabilization Services (MCRSS)**

Mobile Crisis Response and Stabilization Services (MCRSS) provided consistent with section 1947 of the Social Security Act will be claimed at the enhanced federal Medicaid assistance percentage for the duration of the enhanced match availability. MCRSS are provided to individuals experiencing a mental health or substance use disorder crisis. MCRSS are furnished outside of a hospital or other facility setting and provided by a Mobile Crisis Response Team (MCRT) comprised of individuals and practitioners contracted or employed by the Department authorized provider agency to provide MCRSS.

MCRSS are intended to provide rapid crisis response, individual assessment, and evaluation and treatment of mental health crisis to individuals experiencing a mental health crisis or substance use disorder crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical in an individual's life, in which the outcome may decide whether possible negative consequences will follow. MCRSS will be available 24 hours a day, 7 days a week, 365 days per year basis and where the individual is experiencing a mental health crisis and shall not be restricted to select locations within any region on particular days or times and must address substance use disorders, including opioid use disorder, if identified. MCRSS are furnished outside of a hospital or other facility setting. MCRSS are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.

MCRSS involve all services, supports, and treatments necessary to provide a timely crisis response, crisis interventions such as de-escalation, and crisis prevention activities specific to the needs of the individual, in a way that is person and family centered. Services follow an integrated culturally, linguistically, and developmentally appropriate approach. Services are trauma informed and may be provided prior to an intake evaluation for mental health services. Additionally, MCRT must ensure language access for individuals with limited-English proficiency, those who are deaf or hard of hearing, and comply with all applicable requirements under the Americans with Disabilities Act, Rehabilitation Act and Civil Rights Act. At a minimum, mobile crisis intervention services include initial response of conducting immediate crisis screening and assessment, mobile crisis stabilization and de-escalation, and coordination with and referral to health, social and other services as needed to effect symptom reduction, harm reduction and/or to safely transition persons in acute crisis to the appropriate environment for continued stabilization.

MCRSS are provided where the person is experiencing a crisis and are not restricted to select locations within the community. MCRT members are trained in trauma-informed care, de-escalation strategies, and harm reduction; able to respond in a timely manner and, where appropriate, provide screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed, and health services as needed. MCRT may connect individuals to facility-based care as needed, and coordinating transportation only if situations warrant transition to other locations. Services may also include telephonic follow-up interventions within 48 hours after the initial mobile response and 30-days of follow-up stabilization services. Follow-up includes, where appropriate, additional intervention and de-escalation services and coordination with and referrals to health, social, emergency management, and other services and supports as needed.

MCRT maintain relationships with relevant community partners, including medical and behavioral health providers, primary care providers, community mental health centers, crisis respite centers, and managed care organizations (if applicable). This coordination is done while ensuring the privacy and confidentiality of individuals receiving MCRSS consistent with Federal and State requirements.

Staffing for MCRT is furnished by a multidisciplinary mobile crisis team that includes at least two members of differing disciplines responding to the person in crisis in the community. The responding team includes at least one behavioral health care professional able to conduct a mobile crisis screening and assessment within their permitted scope of practice under state law. A responding team may include a member who is participating in the response via telehealth. MCRT staff may have varying professional or paraprofessional credentials, but all MCRT responders are trained and certified as designated by the Department.

All MCRSS must be provided under the supervision of an independently licensed behavioral health professional who must be available to provide real time clinical assessment in person or via telehealth.

All MCRT members must complete Department required training.

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

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services (continued)

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

13 . b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services (continued)

- 3) Supervising nurse who is accessible during all hours of crisis stabilization center operation. This requirement may be met through access to a supervising nurse who is a registered nurse of advance practice registered nurse licensed to practice under state law and available via telehealth if not otherwise available in the same building.
- 4) An on-call physician, a physician assistant, or a registered nurse with advanced practice credentials capable of prescribing medications used in the treatment of mental illness and substance use disorders and licensed as required by State law, who is available during all hours of crisis stabilization center operation.
- 5) Master's level licensed mental health practitioners and master's level alcohol and drug counselors who are capable of conducting an assessment under their license, and master's level candidates for licensure who are capable of conducting an assessment under the supervision of the master's level licensed equivalent practitioner on staff pursuant to State law. This role must be accessible to the crisis stabilization center in person or through telehealth to conduct assessments during all hours of crisis stabilization center operation, in sufficient quantity to meet the needs of individuals receiving services in the crisis stabilization center at any one time.
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Effective Date: 04/01/2024

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

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All MCRSS must be provided under the supervision of an independently licensed behavioral health professional who must be available to provide real time clinical assessment in person or via telehealth.

All MCRT members must complete Department required training.

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

15. Other Diagnostic, Screening, Preventative, and Rehabilitation Services (Continued)–

Payment for community mental health services is made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2024, 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.

Payment for Crisis Response and Stabilization Services (CRS) and Mobile Crisis Response and Stabilization Services (MCRSS) is made in accordance with a fee schedule established by the department. Rates were set as of April 1, 2024, 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: 24-0021  
Supersedes  
TN No: 24-0017

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