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State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 24-0030

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
230 S Dearborn Street
Chicago, IL 60604



Financial Management Group

September 9, 2024

Henry Lipman, Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 24-0030

Dear Commissioner Lipman:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0030 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 26, 2024. This plan updates the rates for the 1915(i) waiver for Supportive Housing services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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 2nd, 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 result of that 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 Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER 2 4 — 0 0 3 0 2. STATE NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1915(i) of SSA; 42 CFR Part 447


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 3, Attachment 4.19-B, page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement 3, Attachment 4.19-B, page 2 (TN 23-0054)

9. SUBJECT OF AMENDMENT
1915(i) Supportive Housing Provider Rate Update

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Ann H. Landry
13. TITLE
Associate Commissioner
14. DATE SUBMITTED
June 26, 2024

15. RETURN TO
Sara Hall
Division of Medicaid Services/Brown Building
Department of Health and Human Service
129 Pleasant Street
Concord, NH 03301


FOR CMS USE ONLY

16. DATE RECEIVED
June 26, 2024

17. DATE APPROVED
September 9, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
Governor's comments, if any, will follow

TN: 24-0030

Effective: July 1, 2024

Approved: September 9, 2024

Supersedes: 23-0054

X	Other Services (specify below)
	<p data-bbox="316 535 641 569">Supported Housing Services</p> <p data-bbox="316 611 1477 884">Payment for these 1915(i) services shall be made in accordance with a fee schedule established by the Department. Rates were set as of July 2024 and are effective for services provided on or after that date. The rate set was based on cost data that took into account the salaries, fringe benefits, indirect costs, and transportation costs required to deliver the service. 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.</p>
