

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 21-0034**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

September 10, 2021

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

RE: New Hampshire 21-0034

Dear Commissioner Shibinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0034. Effective April 1, 2021, this amendment revises the quarterly nursing home supplemental payment, also known as MQIP, for dates of service in the quarter ending June 30, 2021.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 21-0034 is approved effective April 1, 2021. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Mark Wong at (415) 744-3561 or [mark.wong@cms.hhs.gov](mailto:mark.wong@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of the Acting Director.

For

Rory Howe  
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER  
**21-0034**

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~~ **April 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  
Section 1902(a)(13) and 42 CFR Part 447

7. FEDERAL BUDGET IMPACT  
a FFY 2021: ~~\$11,880,068~~ **11,458,488.58**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-D, page 31 (d.8)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
Attachment 4.19-D, page 31 (d.8) TN ~~21-0034~~  
**21-0020**

10. SUBJECT OF AMENDMENT:

**Nursing Facility MQIP second quarter 2021 Payment**

11. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
SPECIFIED:  
will follow
- ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS  
comments, if any,

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME Ann H. Landry

14. TITLE Associate Commissioner

15. DATE SUBMITTED 6/21/21

16. RETURN TO

Dawn I. 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  
June 21, 2021

18. DATE APPROVED September 10, 2021

**PLAN APPROVED - ONE COPY**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
April 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL For

21. TYPED NAME  
Rory Howe

22. TITLE  
Acting Director, Financial Management Group

23. REMARKS

**Pen-and-ink changes made to Boxes 4, 7 and 9 by CMS, with state concurrence.**

Attachment 4.19D		ITEM B	PAGE 31(d.8)
MEDICAL ASSISTANCE	SUBJECT  NURSING FACILITY REIMBURSEMENT		DATE  SR

Policy  
(Continued)  
9999.8

f(1). Supplemental Medicaid Nursing Home Payment

Licensed CMS nursing facilities, both private and county operated, which provide Medicaid nursing home services shall be eligible to receive a supplemental nursing home payment. Payments are made quarterly in the quarter following the service quarter. Payments are based on the applicable Medicaid dates of service paid in the prior quarter. The purpose of the supplemental payment is to eliminate or reduce to the maximum extent possible the difference between the facility's allowable Medicaid costs and the per diem payments made to such facility which are derived from the nursing facility Medicaid acuity rate setting system multiplied by the budget adjustment factor in Section 9999.8, page 29(f), item 8 b.

The quarterly payment methodology is as follows:

1. The Department will allocate the supplemental pool quarterly among the eligible licensed nursing facilities. The pool for service quarter of April to June 2021 payment is \$22,916,977.15. On a quarterly basis, the Department shall furnish to the facilities, before supplemental payments are processed, a calculation exhibit which identifies each facility's calculated rate and supplemental payment for that quarter.
2. The supplemental pool shall be distributed based on each nursing facility's relative share of total Medicaid paid nursing home days as calculated by the NH Medicaid Management Information System (MMIS). The total paid Medicaid nursing home days for the service quarter of April to June 2021 payment is 314,234. Relative share shall equal each facility's total paid Medicaid nursing home days per the MMIS divided by the total of all nursing home paid Medicaid days (per the MMIS) for all facilities. (Facility total paid Medicaid nursing home days divided by total Medicaid nursing home paid days = relative share) x (supplemental pool \$\$) = supplemental payment.

TN No: 21-0034  
Supersedes  
TN No: 21-0020

Approval Date: 09/10/2021

Effective Date: 04/01/2021