

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 20-0011**

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**

April 14, 2020

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

RE: TN 20-0011

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 09, 2020. This plan amendment updates the allowance for a 3.1% increase to Substance Use Disorder (SUD) Treatment and Recovery Support Services rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 01, 2020. 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 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 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 Todd McMillion.

Todd McMillion  
Director  
**Division of Reimbursement Review**

Enclosures

cc: Henry Lipman, State Medicaid Director  
Diane Peterson, Medicaid Business and Policy  
Joyce Butterworth, CMS Boston Regional Office



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 – New Hampshire's Medicaid state plan specifies the reimbursement methodology in Attachment 4.19-A and Attachment 4.19-B for some of the provider types and services that are rendered for the treatment of substance use disorders. Please refer to the appropriate, existing Attachments or items for these services as follows:

Attachment 4.19-A – Inpatient Hospital Reimbursement

- Inpatient Hospital Acute Care Services for Substance Use Disorders
- Inpatient Governmental Psychiatric Hospital

Attachment 4.19-B – Payment for All Types of Care Other Than Inpatient Hospital, Skilled Nursing, or Intermediate Nursing Care Services

- Outpatient Hospital Services, except when providing outpatient or comprehensive SUD services, which are reimbursed as per the below
- Physician Services
- Services of Other Licensed Practitioners
- Clinic Services
- EPSDT
- Prescribed Drugs
- Extended Services to Pregnant Women
- Federally Qualified Health Center (FQHC) and FQHC Look-A-Like Services

Some SUD services under the rehabilitation section 13d of Attachment 3.1-A and 3.1-B can also be billed by outpatient and comprehensive SUD programs. Payment under these two programs is made as follows:

a. Screenings: Payment for screenings shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

b. Individual, Group, or Family Treatment: Payment for individual, group, or family treatment shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) 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.

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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)

c. Crisis Intervention: Payment for crisis intervention shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

d. Peer Recovery Support: Payment for peer recovery support shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

In addition to billings by outpatient and comprehensive SUD programs, peer recovery support services may also be billed by peer recovery programs accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) or that are under contract with the department.

e. Non-Peer Recovery Support: Payment for non-peer recovery support shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

f. Continuous Recovery Monitoring: Payment for continuous recovery monitoring shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

g. Evaluation: Payment for evaluations shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.

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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)

**Outpatient and Comprehensive SUD Program: (continued)**

h. Intensive Outpatient SUD Services: Payment for intensive outpatient SUD services shall be made at a per diem rate established by the Department. Rates were set as of January 1, 2020, and are effective for services provided on or after that date. Intensive outpatient SUD services are comprised of a combination of individual and group treatment services for at least 9 hours/week for recipients age 21 and over and at least 6 hours/week for recipients under age 21 and includes a range of outpatient treatment services and other ancillary and/or other drug services. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov) (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

i. Partial Hospitalization: Payment for partial hospitalization shall be made at a per diem rate established by the Department. Rates were set as of January 1, 2020, and are effective for services provided on or after that date. Partial hospitalization is comprised of a combination of a range of group and individual outpatient treatment services that are provided at least 20 hours/week. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov) (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

j. Medically Monitored Outpatient Withdrawal Management: Payment for medically monitored outpatient withdrawal management shall be made at a per visit rate established by the Department. Rates were set as of January 1, 2020, and are effective for services provided on or after that date. These services must be supervised by a physician and include such things as physician assessment for withdrawal, vitals, and physician management of any elevated levels. This service typically takes place over the course of 3-10 days. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov) (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

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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, 2019, 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. The rate was set after an analysis of rates paid by other states for similar services. All fee schedules are accessible at [www.nhmmis.nh.gov](http://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, 2020, 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.

The low level intensity service for adults are priced at a per diem rate of \$123.72. By their nature, adolescent services are more involved than adult services at the low level of intensity. These adolescent services are priced at a per diem rate of \$131.97.

The rate for high level intensity services for adults is 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 \$175.27.

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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 (continued):**

b. Rehabilitative Services in a Residential Treatment and Rehabilitation Facility (continued):

Payment for high intensity specialty care, which encompasses the extended services to pregnant women substance use programs, shall be made at a per diem rate of \$237.13 for the high intensity specialty level of care for pregnant and postpartum women in substance use treatment programs. This rate takes into consideration the complexities of specialty care for this population such as ensuring access to obstetrical care and active participation in pre-natal care and parenting.

The above rate was compared to the average per diem rate for a rehabilitation hospital stay to ensure that it is reasonable; the rate was found to be substantially and acceptably less than the average per diem rate of \$847.59. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov) (go to “documents and forms” under the “documentation” tab) and are applicable to all public and private providers.

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