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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 20-0004

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



Financial Management Group

April 2, 2021

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

RE: New Hampshire 20-0004

Dear Commissioner Shabinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0004. Effective January 1, 2020, this amendment increases nursing facility per diem rates by 3.1 percent.

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 20-0004 is approved effective January 1, 2020. 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.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For

Rory Howe
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER
20-0004

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, 2020

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
SSA 1902(a)(13) and 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
FFY 2020: \$2,412,035
FFY 2021: \$3,216,046

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19D, Page 29

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 4.19D, Page 29, TN 17-0005

10. SUBJECT OF AMENDMENT

Nursing Facility Reimbursement - NH 2020 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 Kerrin A. Rounds

14. TITLE Acting Commissioner

15. DATE SUBMITTED

01/13/2020

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
January 13, 2020

18. DATE APPROVED
4/2/21

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL
[Redacted] For

21. TYPED NAME
Rory Howe

22. TITLE
Acting Director, Financial Management Group

23. REMARKS

MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY REIMBURSEMENT	DATE SR
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Policy
(Continued)
9999.8

b. Per Diem-Rate-General Nursing Care

1. Rate Setting

- (a) Except for certain ICF-MR's, each facility will receive a prospectively determined general nursing care per diem rate. The general nursing care per diem rate is comprised of five components of cost: administrative; other support; plant maintenance; capital; and patient care.
- (b) Each facility's general nursing care per diem rate will be determined by the Finance Unit of the NH Department of Health and Human Services from the provider's most recently desk reviewed or field audited cost reports and from Minimum Data Set (MDS) 3.0 currently specified for use by the Centers for Medicare and Medicaid Services (CMS), information periodically submitted by each facility to the Department of Health and Human Services.
- (c) If a facility qualifies to be an atypical (special needs) facility, its rate will be determined as indicated in Section 9999.8 c.
- (d) The nursing facility per diem provider rates will include a 3.1% increase applied to the rate calculated and effective on January 1, 2020.
- (e) Rate calculation work sheets are maintained by the Department and are available for inspections on the premises by contacting the Department of Health and Human Services.

2. Prospective Rate Determination

- (a) The New Hampshire Acuity-Based Nursing Facility Reimbursement System was implemented effective February 1, 1999. New Hampshire nursing facilities are paid a prospective rate which links each facility's per diem rate to the level of services required by its resident mix.

TN No: 20-0004
Supersedes
TN No: 17-0005

Approval Date: 4/2/21

Effective Date: 01/01/2020