
Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH 20-0025

This file contains the following documents in the order listed:

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

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

1. TRANSMITTAL NUMBER

20-00252. STATE
NH3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
April 8, 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

Public Readiness and Emergency Preparedness Act, 42 CFR
440.130, 42 CFR Part 447

7. FEDERAL BUDGET IMPACT

FFY 2020: \$0

FFY 2021 unable to determine

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 3-b.1

Attachment 3.1-B, Page 3-b.1

Attachment 4.19B, Page 1-a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Page 3-b.1 (TN16-0015)

Attachment 3.1-B, Page 3-b.1 (TN 16-0015)

Attachment 4.19B, Page 1-a (TN 20-0008)

10. SUBJECT OF AMENDMENT

Other Licensed Practitioners - Pharmacist Services

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

/s/

13. TYPED NAME Ann H. Landry

14. TITLE Associate Commissioner

15. DATE SUBMITTED

June 24, 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

June 26, 2020

18. DATE APPROVED

July 29, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 8, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

James Scott

22. TITLE

Director
Division of Program Operations

23. REMARKS

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

August 3, 2020

Lori Shibinette RN, MBA, NHA
Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

Dear Commissioner Shibinette:

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) No 20-0025 entitled, "*Other Licensed Practitioners – Pharmacists Services*," which contains language to amend the NH Title XIX State plan to add pharmacists to the "other licensed practitioner" category, allowing pharmacists to provide services allowed under their scope of law and practice.

This state plan amendment was submitted in the quarter ending June 30, 2020 for an effective date of April 8, 2020. If you have any further questions, please contact Joyce Butterworth at (857) 338-0554 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

James Scott, Director
Division of Program Operations

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

Pharmacist Services

Pharmacists who are licensed by the NH Board of Pharmacy shall be recognized as other licensed practitioners under 42 CFR 440.60 and shall be permitted to provide services in accordance with state scope of practice law for pharmacists. However, NH Medicaid covered services by pharmacists will be limited to (a) determining the need for COVID testing, (b) conducting the testing, and (c) administering COVID vaccines once a vaccine is available.

7. Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services home health aide services, and the services specified in 7c and 7d. Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3). A face to face encounter, in accordance with 42 CFR 440.70(f), is required. Medicaid recipients do not have to be homebound in order to receive home health services. Home health services can be provided in any non-institutional setting in which normal life activities take place. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

Services cannot be provided in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 470.70(c).

Pharmacist Services

Pharmacists who are licensed by the NH Board of Pharmacy shall be recognized as other licensed practitioners under 42 CFR 440.60 and shall be permitted to provide services in accordance with state scope of practice law for pharmacists. However, NH Medicaid covered services by pharmacists will be limited to (a) determining the need for COVID testing, (b) conducting the testing, and (c) administering COVID vaccines once a vaccine is available.

7. Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services, and the services specified in 7c- and 7d. Home health services are provided to a recipient on his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in 42 CFR 440.70(b)(3). A face to face encounter, in accordance with 42 CFR 440.70(f), is required. Medicaid recipients do not have to be homebound in order to receive home health services. Home health services can be provided in any non-institutional setting in which normal life activities take place. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3).

Home health agencies must meet the Medicare conditions of participation in 42 CFR Part 484.

Services cannot be provided in a hospital, nursing facility, or ICF-MR, except as allowed at 42 CFR 470.70(c).

7c. Medical Supplies, Equipment and Appliances

Prior authorization is required for the purchase of most (prosthetics and orthotics which fall under DME in the department's rules, but under item #12 in the state plan, do not require prior authorization) durable medical equipment as detailed in the department's rules at He-W 571, as well as for modifications to manual or power wheelchairs. Repairs to power wheelchairs require prior authorization if the repairs total \$800 or more.

Prior authorization is required for disposable diapers and related incontinence supplies for recipients 21 years of age and older. Other medical supplies do not require prior authorization.

7d. Physical and Occupational Therapy, Speech Pathology and Audiology Services

When provided by a home health agency, visiting nurse association or independent therapist, these services are limited to eighty (80), fifteen minute units per recipient per state fiscal year. The eighty (80) units may be used for one type of therapy or in any combination of therapies. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

Physical, Occupational and Speech Pathology/Audiology Services are provided in accordance with the service and practitioner requirements of 42 CFR 440.110 and 42 CFR 440.70(b)(4).

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

4. Family Planning Services – Payment for these services is provided in accordance with the same principles of reimbursement developed for the specific types of practitioners and/or services described elsewhere in the state plan which are considered to qualify as family planning services. For example, those types of individual practitioner's services which qualify as family planning services are paid in accordance with #5 and #6 below. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.
5. Physician Services – Payment is 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. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.
6. Services of Other Licensed Practitioners – Payment for all types of other licensed practitioners is 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. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Other Licensed Practitioner - Pharmacist Services - Payment for services provided by licensed pharmacists shall be made to the affiliated billing provider (e.g, physician groups, pharmacies, outpatient hospitals) in accordance with the same principles of reimbursement developed for the specific types of practitioners and/or services described elsewhere in the state plan. All fee schedules are accessible at 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: 20-0025

Supersedes

TN No: 20-0008

Approval Date: 07/29/2020

Effective Date: 04/08/2020