

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 20-0050**

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**

May 20, 2021

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

RE: New Hampshire 20-0050

Dear Commissioner Shabinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0050. Effective October 1, 2020, this amendment revises the quarterly nursing home supplemental payment, also known as MQIP, for dates of service in the quarter ending December 31, 2020.

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 20-0050 is approved effective October 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](mailto: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 20-0050	2. STATE NH
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2020	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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: \$9,636,341- \$8,928,866
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 20-0048 (pending)-

10. SUBJECT OF AMENDMENT:  
Nursing Facility MQIP DOS 10/2020 – 12/2020 Payment

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: will follow       OTHER, AS comments, if any,

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF AGENCY OFFICIAL 	16. RETURN TO Dawn I. Landry Division of Medicaid Services/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
13. TYPED NAME Ann H. Landry	
14. TITLE Associate Commissioner	
15. DATE SUBMITTED 12.22.2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED December 22, 2020	18. DATE APPROVED 5/20/21
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020	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 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 October to December 2020 payment is \$17,857,732. 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 October to December 2020 payment is 340,152. 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: 20-0050  
Supersedes  
TN No: 20-0048

Approval Date: 5/20/21

Effective Date: 10/01/2020