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State/Territory Name: NH

State Plan Amendment (SPA) #: 23-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

May 10, 2023

Lori A. Weaver
Interim Commissioner
State of New Hampshire Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 23-0009

Dear Interim Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) completed review of New Hampshire's Medicaid State Plan Amendment (SPA) Transmittal Number 23-0009 submitted on March 30, 2023. The purpose of this SPA is to update the verbiage that states the prescription drug benefit is defined in the managed care contract.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 23-0009 is approved effective January 1, 2023.

If you have questions regarding this amendment, please contact Lisa Jones at (410) 786-1760 or via email at <mailto:lisa.jones@cms.hhs.gov>.

Sincerely,

Bill Brooks
Director
Division of Managed Care Operations

cc: Henry Lipman
Dawn Tierney
Shirley Iacopino
Sabrina Tillman-Boyd
M. David Reed

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 0 9</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 USC 1396r-8(d)(6), and 1396o	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-F, page 19	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F, page 19 (TN 19-0022)	

9. SUBJECT OF AMENDMENT
Gene Therapy Carve Out

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL <i>Ann H. Landry</i>	15. RETURN TO Jody Farwell Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. TYPED NAME Ann H. Landry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED <u>3-30-2023</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>March 30, 2023</u>	17. DATE APPROVED <u>May 10, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2023</u>	19. SIGN: _____
20. TYPED NAME OF APPROVING OFFICIAL <u>Bill Brooks</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Managed Care Operations</u>

22. REMARKS
Governor's comments, if any, will follow.

State: New Hampshire

Citation	Condition or Requirement
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State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
Other Practitioner: Clinical Psychologist (psychotherapy)	3.1A	3, 3-b	6d
	3.1B	3, 3-a	6d
Other Practitioner: Pastoral Counselor (psychotherapy)	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Other Practitioner: MLADC, LADC	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Other Practitioner: APRN	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Other Practitioner: Certified Midwives	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Home Health	3.1A	3, 3-b.1	7
	3.1B	3, 3-b.1	7
Durable Medical Equipment (DME)	3.1A	3, 3-c	7c
	3.1B	3, 3-b.1	7c
Audiology	3.1A	3a, 3c	7d
	3.1A	4, 4a	11c
	3.1B	3, 3-b.1	7d
	3.1B	4, 4b	11c
Medical Services Clinic (e.g., methadone)	3.1A	4, 4a	9
	3.1B	4, 4a	9
PT, ST, OT	3.1A	4, 4a	11
	3.1B	4, 4b	11
Prescribed Drugs as specified in the managed care contracts.	3.1A	5, 5a, 5a(1)-5a(5)	12a
	3.1B	4, 4b-4g	12a
Prosthetics, Orthotics (includes hearing aids)	3.1A	5, 5-b	12c
	3.1B	5, 5-a	12c
Eyeglasses	3.1A	5, 5-b	12d
	3.1B	5, 5-a	12d
Other Diagnostic, Screening, Preventive, Rehab Community Mental Health Services Adult Medical Day Care Home Visiting	3.1A	5, 6, 6-a	13
	3.1B	5, 5-b	13
Inpatient psychiatric facility services for under age 21, under 22 if admitted prior to age 21; and over age 65	3.1A	7, 7-a	15a
	3.1B	6, 6c	14a, c
		6, 6a	15a
Nurse midwife	5, 5d, 6, 6a	14 a, c	
	3.1A	7, 7-a	17
Hospice	3.1B	6, 6b	17
	3.1A	7, 7-b	18
3.1B	6, 6-c	18	

TN No: 23-0009

Approval Date 05/10/2023

Effective Date: 01/01/2023

Supersedes TN No: 19-0022