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State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 23-0015

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



Financial Management Group

April 20, 2023

Lori A. Weaver
Interim Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 23-0015

Dear Interim Commissioner Weaver:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-23-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2023. This plan increases the rates for Individual Service Options (ISO).

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

Please note that 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. CMS may still have questions on the funding structure in determining it's consistent with sections 1902(a)(2), 1903(a), and 1903(w) of the Act as implemented by 42 CFR §433.54. 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. On April 2nd, 2021, CMS issued a letter on the New Hampshire Granite Advantage Health Care Trust Fund, in companion to the approval of New Hampshire's Medicaid managed care state directed payment preprints. The letter requested additional information to allow CMS to further review the state's sources of non-federal share financing of the Medicaid adult expansion population. The result of that review may also be applicable to the expenditures related to the payments authorized in this SPA.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 5

2. STATE

NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE

January 1, 2023

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447, 42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 673,590

b. FFY 2024 \$ 898,120

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 3a-1.1

Attachment 4.19-B Page 3a-1.2 New page

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

Attachment 4.19-B Page 3a-1.1 (TN-22-0020 (pending))

9. SUBJECT OF AMENDMENT

Individual Service Option (ISO) service rate increase

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

3/28/2023

15. RETURN TO

Jody Farwell

Division of Medicaid Services - Brown Building

129 Pleasant Street

Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED

March 28, 2023

17. DATE APPROVED

April 20, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Governor's comments, if any, will follow.

15. Other Diagnostic, Screening, Preventative, and Rehabilitation Services (continued)**a. In State PNMI (continued):**

3. PNMI Reimbursable Rate: per diem rate determined by multiplying the Facility Daily Rate with the Time Study Percentage.

b. Out of State PNMI: for Out of State providers, PNMI calculation is determined by the following:

1. Rate Determination:
 - i. Rate Setting Authority- states with rate setting authority for applicable residential programs receive reimbursement at that state's provided rate.
 - ii. Budgeted Cost/Utilization Factor- States that do not have a rate setting authority may submit budget proposals with itemized lists of expenditures. The methodology as applied for in-state providers is used to determine the PNMI Reimbursable rate.
 - iii. When there is no rate setting authority and no budget is provided, rates are set as an average of contracted rates between that facility and others with the same service until a budget is submitted.
2. Rate Review: PNMI rates will be reviewed and updated as directed by the applicable state's rate setting authority or through revised budgets submitted by the provider.

No provider shall bill or charge the department more than the provider's usual and customary charge. Payment does not include room and board.

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.

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

15. Other Diagnostic, Screening, Preventative, and Rehabilitation Services (continued)

Payment for ISO (Individual Service Option), Out of Home, Foster Care (Agency and Child) (previously called Therapeutic Foster Care) is made on a per diem basis in accordance with a fee schedule established by the department. Rates were set as of January 1, 2023, 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.

Intensive ISO, Out of Home, Foster Care for qualifying Intensive ISO Foster Care programs may receive a flat member-based per diem rate for children with a mental, neurological, or developmental disorder that severely affects the child's behavior, provided that the qualifying ISO Foster Care program receives approval from NH DHHS prior to the child's admission. Rates were set as of January 1, 2023, 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.

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.