

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 23-0037**

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

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November 28, 2023

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

Re: New Hampshire State Plan Amendment (SPA) 23-0037

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0037. This amendment proposes to provide lactation consultant services to all New Hampshire Medicaid beneficiaries.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.230. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 23-0037 was approved on November 28, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director  
Dawn Tierney, Medicaid Business and Policy

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 3 7</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 July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(c)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ <u>3,750</u> b FFY <u>2024</u> \$ <u>15,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.19-A, page 6-b.1 (new page) Attachment 3.19-B, page 5-c.1 (new page) Attachment 4.19-B, page 3a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 3a (TN 21-0015), pending. (TN 23-0040) page 3a, TN 23-0036	

9. SUBJECT OF AMENDMENT  
Lactation Consultation Services

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 SUBMITTING OFFICIAL 	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 September 28, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED September 28, 2023	17. DATE APPROVED November 28, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Pen & ink change to Box 8, correcting superseded page information.

AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services

13c. Lactation Services

**General Description**

Lactation consultation services are available to provide education and lactation support to eligible breastfeeding (or lactating) Medicaid beneficiaries, with the goal of improving outcomes for birthing parents and infants.

Pursuant to 42 C.F.R section 440.130(c), lactation consultation services are provided as preventative services and must be recommended by a physician or other licensed practitioner within the scope of their practice under state law to prevent perinatal complications and/or promote the physical and mental wellbeing of the beneficiary.

**Service Description**

Lactation consultation services are available for pregnant individuals during pregnancy and during the postpartum period for the duration of breastfeeding as determined by the beneficiary.

Services include but are not limited to:

- Breastfeeding education;
- Comprehensive maternal, infant and feeding assessment related to breastfeeding and lactation; and
- Individual and group lactation counseling.

**Qualified Providers**

Services may be provided by the following Medicaid enrolled provider types, within their scope of practice according to state law:

- Licensed Physician;
- Licensed Physician Assistant;
- Licensed Osteopath;
- Certified Midwife;
- Licensed Advanced Practice Nurse;
- Other professional or paraprofessional healthcare practitioners who have completed training in the provision of lactation consultation services and must provide services under the supervision of a licensed practitioner.



AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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**Qualified Providers**

Services may be provided by the following Medicaid enrolled provider types, within their scope of practice according to state law:

- Licensed Physician;
- Licensed Physician Assistant;
- Licensed Osteopath;
- Certified Midwife;
- Licensed Advanced Practice Nurse;
- Other professional or paraprofessional healthcare practitioners who have completed training in the provision of lactation consultation services and must provide services under the supervision of a licensed practitioner.

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 – Payment is made as detailed below for the various services that fall under this state plan section.

Payment for adult medical day care services provided in a licensed facility is made on a per diem basis in accordance with a fee schedule established by the department. Rates were set as of July 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](http://www.nhmmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for preventive services provided by a registered nurse (RN) to a newborn and his/her mother at their home is made in accordance with a fee schedule established by the Department. Rates were set as of July 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](http://www.nhmmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for nicotine cessation counseling services is provided in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). No provider shall bill or charge the department more than the provider's usual and customary charge.

Payment for lactation consultation services provided by a physician or other licensed practitioner to provide lactation education and support services to eligible breastfeeding (or lactating) members, is paid in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). Payment for lactation consultation services provided by an RN, is paid in accordance with the same principles of reimbursement developed for RN to a newborn in their home as described above (4.19-B page 3 a). No provider shall bill or charge the department more than the provider's usual and customary charge.

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: 23-0037  
Supersedes  
TN No: 23-0036

Approval Date: 11/28/2023      Effective Date: 07/01/2023