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State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 23-0054

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

November 8, 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 23-0054

Dear Interim Commissioner Weaver:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-23-0054, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2023. This plan updates the rate schedule date for the 1915(i) Supported Housing Services Demonstration.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 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 solid 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 <u>2 3 — 0 0 5 4</u>	2. STATE <u>NH</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION 1915(i) of SSA; 42 CFR Part 447		4. PROPOSED EFFECTIVE DATE July 1, 2023	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3, Attachment 4.19-B, page 2		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>6,387</u>	
9. SUBJECT OF AMENDMENT 1915(i) Supportive Housing - NH 2023 Budget Increase		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 3, Attachment 4.19-B, page 2 (TN 21-0027)	
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Jody Farwell Division of Medicaid Services/Brown Building Department of Health and Human Service 129 Pleasant Street Concord, NH 03301	
12. TYPED NAME Ann H. Landry		16. DATE RECEIVED <u>SEPTEMBER 28, 2023</u>	
13. TITLE Associate Commissioner		17. DATE APPROVED November 8, 2023	
14. DATE SUBMITTED September 28, 2023		FOR CMS USE ONLY	
18. EFFECTIVE DATE OF APPROVED MATERIAL JULY 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			

TN: 23-0054

Effective: July 1, 2023

Approved: November 8, 2023

Supersedes: 21-0027

X	Other Services (specify below)
	<p data-bbox="315 533 634 569">Supported Housing Services</p> <p data-bbox="315 611 1479 884">Payment for these 1915(i) services shall be 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. The rate set was based on cost data that took into account the salaries, fringe benefits, indirect costs, and transportation costs required to deliver the service. No provider shall bill or charge the department more than the provider's usual and customary charge. Medicaid payment shall be made at the lesser of Medicaid's applicable fee schedule amount or the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov (go to documents and forms under the documentation tab) and are applicable to all public and private providers.</p>
