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State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 23-0059

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

February 20, 2024

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

RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 23-0059

Dear Commissioner Weaver:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-23-0059, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 15, 2023. This plan updates the rates for Personal Care Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 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.

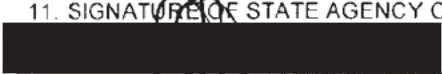

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

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 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 October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.167 and 42 CFR Part 447		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>182,652</u> b FFY <u>2025</u> p/i \$ <u>182,652</u> p/i	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 5		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 5, (TN 23-0044)	
9. SUBJECT OF AMENDMENT Personal Care Services - NH 2024 Budget Increase			
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		FOR CMS USE ONLY	
13. TITLE Associate Commissioner			
14. DATE SUBMITTED December 15, 2023 p/i			
16. DATE RECEIVED December 15, 2023		17. DATE APPROVED February 20, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 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 pen and ink changes authorized by the state 2/12/24			

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

20. Extended Services to Pregnant Women – Payment for extended services to pregnant women provided by agencies under contract with the Division of Public Health, e.g., "Home Visiting NH and Child/Family Health Care Support" and "Extended Services to Pregnant Women," is made in accordance with a fee schedule established by the department. For agencies under contract, rates were set as of July 1, 2023, and are effective for services provided on or after that date. For all other providers, payment is made pursuant to the methodologies described in Attachment 4.19-B for the specific covered service or practitioner. 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, and are applicable to all public and private providers.
21. a) Rural Health Clinics (RHC's)-Non Hospital Based – Payment for non-hospital based RHC's is made according to the same methodology used for Federally Qualified Health Centers (FQHC) and FQHC Look-A-Likes (LAL's) as described on page 5a through 5f.**
- b) Rural Health Clinics (RHC's) – Hospital Based – Payment for hospital based RHC's is made according to the methodology described on page 5g. **
22. Personal Care Services – Payment for personal care services is made in accordance with a fee schedule established by the department. Rates were set as of October 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, and are applicable to all public and private providers.
23. Federally Qualified Health Centers (FQHC's) and FQHC Look-A-Likes (LAL's) – Payment for FQHC's and FQHC LAL's is made according to the methodology described on page 5a. **

**Addendum to 21a and 23 above, RHC's and FQHC/FQHC-LAL's:

 X The payment methodology for RHC's/FQHC's/FQHC-LAL's will conform to section 702 of the Benefits Improvement and Protection Act (BIPA) of 2000.

 The payment methodology for RHC's/FQHC's/FQHC-LAL's will conform to the BIPA 2000 requirements for a prospective payment system (PPS).

 X The payment methodology for RHC's/FQHC's/FQHC-LAL's will conform to the BIPA 2000 requirements for an alternative payment methodology. The payment amount determined under this methodology:

- (1) is agreed to by the state and the center or clinic; and
- (2) results in payment to the center or clinic of an amount which is at least equal to the PPS payment rate.

(Addendum continued on next page)

TN No: 23-0059

Supersedes

TN No: 23-0044

Approval Date February 20, 2024

Effective Date: 10/01/2023