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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-24-0009

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

December 2, 2024

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

RE: New Hampshire State Plan Amendment Transmittal Number 24-0009

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Hampshire state plan amendment (SPA) to Attachment 4.19-D NH-24-0009, which was submitted to CMS on September 19, 2024. This plan amendment authorizes the quarterly nursing home supplemental payment, also known as MQIP, for dates of service in the quarter ending September 30, 2024.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

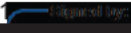


If you have any additional questions or need further assistance, please contact Mark Wong at 415-744-3561 or via email at mark.wong@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 4 — 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 <u>July 1, 2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Section 1902(a)(13) of the Social Security Act and 42 CFR Part 447</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>-10,463,094</u> --- 11,112,203 b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-D, Page 31(d.8)</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-D, Page 31(d.8), TN 24-0008</u>	
9. SUBJECT OF AMENDMENT <u>Nursing Facility MQIP for Dates of Service July through September 2024</u>			
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.  E AGENCY OFFICIAL 		15. RETURN TO Sara Hall Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301	
12. TYPED NAME <u>Ann H. Landry</u>			
13. TITLE <u>Associate Commissioner</u>			
14. DATE SUBMITTED <u>September 19, 2024</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>September 19, 2024</u>		17. DATE APPROVED <u>December 2, 2024</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2024</u>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <u>Rory Howe</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Financial Management Group</u>	
22. REMARKS <u>Governor comments, if any, will follow.</u> <u>Pen-and-ink change made to Box 6 by CMS with state concurrence.</u>			

Attachment 4.19D		ITEM B	PAGE 31(d.8)
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY REIMBURSEMENT		DATE SR

Policy
(Continued)
9999.8

f(1). Supplemental Medicaid Nursing Home Payment

Licensed CMS nursing facilities, both private and county operated, which provide Medicaid nursing home services shall be eligible to receive a supplemental nursing home payment. Payments are made quarterly in the quarter following the service quarter. Payments are based on the applicable Medicaid dates of service paid in the prior quarter. The purpose of the supplemental payment is to eliminate or reduce to the maximum extent possible the difference between the facility's allowable Medicaid costs and the per diem payments made to such facility which are derived from the nursing facility Medicaid acuity rate setting system multiplied by the budget adjustment factor in Section 9999.8, page 29(f), item 8 b.

The quarterly payment methodology is as follows:

1. The Department will allocate the supplemental pool quarterly among the eligible licensed nursing facilities. The pool for service quarter of July through September 2024 payment is \$22,224,405.22. On a quarterly basis, the Department shall furnish to the facilities, before supplemental payments are processed, a calculation exhibit which identifies each facility's calculated rate and supplemental payment for that quarter.
2. The supplemental pool shall be distributed based on each nursing facility's relative share of total Medicaid paid nursing home days as calculated by the NH Medicaid Management Information System (MMIS). The total paid Medicaid nursing home days for the service quarter of July through September 2024 payment is 328,072. Relative share shall equal each facility's total paid Medicaid nursing home days per the MMIS divided by the total of all nursing home paid Medicaid days (per the MMIS) for all facilities. (Facility total paid Medicaid nursing home days divided by total Medicaid nursing home paid days = relative share) x (supplemental pool \$\$) = supplemental payment.

TN No: 24-0009
Supersedes
TN No: 24-0008

Approval Date: December 2, 2024 Effective Date: 7/1/2024