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State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 24-0019

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
John C. Kluczynski Federal Building
230 S Dearborn Street, Suite 330F
Chicago, IL 60604-1505



Financial Management Group

May 24, 2024

Henry Lipman, Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 24-0019

Dear Commissioner Lipman:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0019 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 14, 2024. This plan updates the rates for Family Centered Early Supports and Services .

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. 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,

[Redacted Signature]

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 4 — 0 0 1 9

2. STATE

NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130, 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 1,321,723
b. FFY 2025 \$ 1,762,297

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B, Page 3a-1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19B, Page 3a-1, (TN-23-0064)pending

9. SUBJECT OF AMENDMENT
Family Centered Early Supports and Services - 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
March 14, 2024

15. RETURN TO
Jody Farwell
Division of Medicaid Services/Brown Building
Department of Health and Human Service
129 Pleasant Street
Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED MARCH 14, 2024

17. DATE APPROVED
May 24, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

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

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 for family centered early supports and services (previously called early intervention) is made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2024, 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.

Payment for covered services provided by a residential facility (private non-medical institution [PNMI]) is determined by budgeted costs submitted to the department. A single facility prospective rate is paid to each facility. Rates are reviewed in accordance with the policies and procedures set by the department. No provider shall bill or charge the department more than the provider's usual and customary charge. Payment does not include room and board.

a. In State PNMI: for In-State providers, the PNMI rate is determined as follows:

1. Daily Rate Determination:

- i. Net Expenses- difference between the total budgeted costs (total expenses) and total allowable revenue. Net expenses do not include charges related to educational costs.
- ii. Certified Beds- quantity of beds certified within the licensed capacity for the facility.
- iii. Utilization Factor- percentage of certified beds/daily attendance over a 3 year period. The utilization factor is capped at 95% maximum with a minimum utilization of 75%.
- iv. Rate Calculation Capacity- certified beds multiplied by the utilization factor.
- v. Units of Service- rate calculation capacity multiplied by the length of the program year.
- vi. Daily Rate- net expenses are divided by the units of service to determine the daily rate.

2. Time Study:

- i. Time Study- review of participants to determine reimbursable Medicaid work activities; time studies occur annually and run for approximately 10 days.
- ii. Time Study Records- documentation of all staff who are involved in the provision of rehabilitative services and are present during the time study period.
- iii. Facility Participation- facilities are requested to participate in times studies to determine the portion of time direct care staff attributed to rehabilitative services. Facilities that have not completed times studies will use a median percentage based on certified state facilities providing the same level of care at the time of the rate-setting period.

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: 24-0019
Supersedes

TN No: 23-0064

Effective Date: 01/01/2024

Approval Date: May 24, 2024