

Table of Contents

State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 24-0020

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 30, 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 24-0020

Dear Commissioner Lipman:

The Centers for Medicare and Medicaid Services (CMS) has reviewed the proposed New Hampshire state plan amendment (SPA) to Attachment 4.19-B 24-0020, which was submitted to CMS on March 14, 2024. This plan amendment updates the rates for Substance Use Disorder (SUD) and Medication Assisted Treatment (MAT) Services.

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.

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 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.

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.

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 0

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

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130, 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 102,673

b. FFY 2025 \$ 136,898

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Pages 3b, 3c, 3d, 3e, and 3g

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Pages 3b, 3c, 3d, 3e, and 3g (TN 23-0052)

9. SUBJECT OF AMENDMENT

Substance Use Disorder (SUD) and Medication Assisted Treatment (MAT) 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 30, 2024

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

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, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services – New Hampshire's Medicaid state plan specifies the reimbursement methodology in Attachment 4.19-A and Attachment 4.19-B for some of the provider types and services that are rendered for the treatment of substance use disorders. Please refer to the appropriate, existing Attachments or items for these services as follows:

Attachment 4.19-A – Inpatient Hospital Reimbursement

- Inpatient Hospital Acute Care Services for Substance Use Disorders Inpatient Governmental Psychiatric Hospital

Attachment 4.19-B – Payment for All Types of Care Other Than Inpatient Hospital, Skilled Nursing, or Intermediate Nursing Care Services

- Physician Services
- Services of Other Licensed Practitioners
- Clinic Services
- EPSDT
- Prescribed Drugs
- Extended Services to Pregnant Women
- Federally Qualified Health Center (FQHC) and FQHC Look-A-Like Services

Some SUD services under the rehabilitation section 13d of Attachment 3.1-A and 3.1-B can also be billed by outpatient and comprehensive SUD programs. Payment under these two programs is made as follows:

- a. Screenings: Payment for screenings shall be 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. 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.
- b. Individual, Group, or Family Treatment: Payment for individual, group, or family treatment shall be 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. 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.

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: 24-0020

Supersedes

TN No: 23-0052

Effective Date: 01/01/2024

Approval Date: May 30, 2024

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

- c. Crisis Intervention: Payment for crisis intervention shall be 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. 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.
- d. Peer Recovery Support: Payment for peer recovery support shall be 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. 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.

In addition to billings by outpatient and comprehensive SUD programs, peer recovery support services may also be billed by peer recovery programs accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) or that are under contract with the department.

- e. Non-Peer Recovery Support: Payment for non-peer recovery support shall be 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. 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.
- f. Continuous Recovery Monitoring: Payment for continuous recovery monitoring shall be 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. 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.
- g. Evaluation: Payment for evaluations shall be 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. 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.

TN No: 24-0020

Supersedes

TN No: 23-0052

Effective Date: 01/01/2024

Approval Date: May 30, 2024

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

Outpatient and Comprehensive SUD Program: (continued)

- h. Intensive Outpatient SUD Services: Payment for intensive outpatient SUD services shall be made at a per diem rate established by the Department. Rates were set as of January 1, 2024, and are effective for services provided on or after that date. Intensive outpatient SUD services are comprised of a combination of individual and group treatment services for at least 9 hours/week for recipients age 21 and over and at least 6 hours/week for recipients under age 21 and includes a range of outpatient treatment services and other ancillary and/or other drug services. 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.
- i. Partial Hospitalization: Payment for partial hospitalization shall be made at a per diem rate established by the Department. Rates were set as of January 1, 2024, and are effective for services provided on or after that date. Partial hospitalization is comprised of a combination of a range of group and individual outpatient treatment services that are provided at least 20 hours/week. 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.
- j. Medically Monitored Outpatient Withdrawal Management: Payment for medically monitored outpatient withdrawal management shall be made at a per visit rate established by the Department. Rates were set as of January 1, 2024, and are effective for services provided on or after that date. These services must be supervised by a physician and include such things as physician assessment for withdrawal, vitals, and physician management of any elevated levels. This service typically takes place over the course of 3-10 days. 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.

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Substance Use Disorder (SUD) Treatment and Recovery Support Services (continued)

Comprehensive SUD Program:

- a. Medically Monitored Residential Withdrawal Management: Payment for medically monitored residential withdrawal management provided in a residential treatment and rehabilitation facility shall be made at a per diem rate established by the Department. Rates were set as of January 1, 2024, and are effective for services provided on or after that date. Medically monitored residential withdrawal management includes medical service components such as monitoring of vital signs and managing medications for withdrawal from alcohol and other drug substances. The rate was set after an analysis of rates paid by other states for similar services. 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.
- b. Rehabilitative Services in a Residential Treatment and Rehabilitation Facility: Payment for services in a residential treatment and rehabilitation facility shall be made at per diem rates established by the Department based on the appropriate level of intensity (low, medium, high, or specialty care such as extended services to pregnant women and children) in accordance with the American Society of Addiction Medicine (ASAM) Criteria. Rates were set as of January 1, 2024, and are effective for services provided on or after that date. The per diem rates were established based on rates paid by Medicaid or on a contract basis by various divisions for similar services, rates paid by other states for similar services, and based on clinical determinations of similarities of service delivery, practitioner involvement, and intensity. Payment does not include room and board.

The low level intensity service for adults are priced at a per diem rate of \$147.03. By their nature, adolescent services are more involved than adult services at the low level of intensity. These adolescent services are priced at a per diem rate of \$156.82.

The rate for high level intensity services for adults is priced at \$294.49 based on an assessment of in-state services and rates, as well as rates paid by other states for similar services. The comparable medium level intensity services for adolescents are priced at a per diem rate of \$208.27. The comparable high level intensity services for pregnant individuals are priced at a per diem rate of \$281.78.

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.

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

15) Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

Coverage of Medication Assisted Treatment

Substance Use Disorder (SUD) Treatment and Recovery Support Services - New Hampshire's Medicaid state plan specifies the reimbursement methodology in Attachment 4.19-A and Attachment 4.19-B for some of the provider types and services that are rendered for the treatment of substance use disorders. Please refer to the appropriate, existing Attachments or items for these services as follows:

Attachment 4.19-A - Inpatient Hospital Reimbursement

- Inpatient Hospital Acute Care Services for Substance Use Disorders
- Inpatient Governmental Psychiatric Hospital

Attachment 4.19-B - Payment for All Types of Care Other Than Inpatient Hospital, Skilled Nursing, or Intermediate Nursing Care Services

- Outpatient Hospital Services, except when providing outpatient or comprehensive SUD services, which are reimbursed as per the below
- Physician Services
- Services of Other Licensed Practitioners
- Clinic Services
- EPSDT
- Prescribed Drugs
- Extended Services to Pregnant Women
- Federally Qualified Health Center (FQHC) and FQHC Look-A-Like Services

Some SUD services under the rehabilitation section 13d of Attachment 3.1-A and 3.1-B can also be billed by outpatient and comprehensive SUD programs. Payment under these two programs is made as follows:
a. Individual, Group, or Family Treatment: Payment for individual, group, or family treatment shall be 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. 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

TN No: 24-0020

Supersedes

TN No: 23-0052

Effective Date: 01/01/2024

Approval Date: May 30, 2024