

## **Table of Contents**

**State Territory Name: NEW HAMPSHIRE**

**State Plan Amendment (SPA) #: 24-0025**

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



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**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 24-0025**

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 24-0025, which was submitted to CMS on March 14, 2024. This plan amendment updates the rates for in-home providers under the Individual Service Option (ISO).

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 15, 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](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



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 5

2. STATE

NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



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XXI

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

4. PROPOSED EFFECTIVE DATE

January 15, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the Social Security Act, 42 CFR 440.130, and Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0

b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 3a-2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 3a-2 (TN 23-0042)

9. SUBJECT OF AMENDMENT

New DCYF Individual Service Option (ISO) In-Home Provider

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

January 15, 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 (Continued)–

Payment for Therapeutic Day Treatment, ISO In-Home; and Adolescent Community Therapeutic Services (both previously called Intensive Day Programming) is made on a per diem basis in accordance with a fee schedule established by the department. Rates were set as of January 15, 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](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.

Payment for Home Based Therapeutic Services (previously called Home Based Therapy Services) is made on a provider-specific, per diem basis 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. 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](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.

Payment for Child Health Support Services is made on a provider-specific basis 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. 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](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” 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: 24-0025  
Supersedes  
TN No: 23-0042

Effective Date: 01/15/2024  
Approval Date: May 30, 2024