

## **Table of Contents**

**State Territory Name: NEW HAMPSHIRE**

**State Plan Amendment (SPA) #: 24-0038**

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 and CHIP Services  
230 S Dearborn Street  
Chicago, IL 60604-1505



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**Financial Management Group**

October 29, 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 24-0038**

Dear Commissioner Lipman:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0038 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2024. This plan updates the rates for Hospice Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 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 2<sup>nd</sup>, 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.


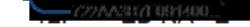

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>3</u> <u>8</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>October 1, 2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.100 and 42 CFR Part 447</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> <u>2025</u> \$ <u>0</u> b. FFY <u>2025</u> <u>2026</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Page 6</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, Page 6 (TN-21-0053)</u>	
9. SUBJECT OF AMENDMENT <u>Hospice Services Rate Methodology</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. STATE AGENCY OFFICIAL   Ann H. Landry		15. RETURN TO Jody Farwell Division of Medicaid Services/Brown Building Department of Health and Human Service 129 Pleasant Street Concord, NH 03301	
13. TITLE Associate Commissioner			
14. DATE SUBMITTED September 30, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED September 30, 2024		17. DATE APPROVED October 29, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 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 <u>Governor comments, if any, will follow</u> <u>State authorized pen and ink change</u>			

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

25. Hospice Services: Payment for hospice services is made at a per diem rate in accordance with Medicare regulations at 42 CFR 418, Subpart G. Hospice payments for inpatient care are limited and paid in accordance with Medicare regulations at 42 CFR 418.302(f). Acquired Immunodeficiency Syndrome (AIDS) cases are included in the limitation calculation. The state does not apply the optional cap limitation on payments. The fee schedule, which is applicable to all public and private providers of hospice services, effective October 1, 2024, follows the Medicare fee schedule and is updated concurrent with Medicare updates. The Medicare fee schedule can be accessed on the Medicare hospice website at:

<https://www.medicaid.gov/medicaid/benefits/hospice-benefits/hospice-payments/index.html>

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: 24-0038  
Supersedes  
TN No: 21-0053

Effective Date: 10/01/2024  
Approval Date: October 29, 2024