

Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 25-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St, Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 16, 2025

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

Re: New Hampshire State Plan Amendment (SPA) 25-0006

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0006. This amendment proposes to provide targeted case management service coverage for Medicaid recipients with substance use disorder and to align with CMS Medically Unlikely Edit coding, effective January 1, 2025.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.130. This letter informs you that New Hampshire's SPA TN 25-0006 was approved on June 16, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Hampshire State Plan.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director
Dawn Tiemey, Medicaid Business and Policy

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 6

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, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447, 42 CFR 440.169

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 7,472

b. FFY 2026 \$ 9,963

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 6 pre-a 2 and pre-a 3

Attachment 4.19-B page 4h, new page

Supplement to Attachment 3.1-A pages 8A - 8E, new pages

Attachment 3.1-B Page 5-a.2 and Page 5-a.3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

**Attachment 3.1-A page 6 pre-a 2 (TN 16-0012)
and pre-a 3 (TN 18-0005)**

Attachment 3.1-B Page 5-a.2 (TN 16-0012) and 5-a.3 (TN 18-0005)

9. SUBJECT OF AMENDMENT

Targeted Case Management - Substance Use Disorder

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:

NAME OF STATE AGENCY OFFICIAL

15. RETURN TO

Jody Farwell
Division of Medicaid Services - Brown Building
129 Pleasant Street
Concord, NH 03301

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

March 31, 2025

FOR CMS USE ONLY

16. DATE RECEIVED

March 31, 2025

17. DATE APPROVED

June 16, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Governor's comments, if any, will follow.

6/4/25: The State authorized the following pen & ink changes:

Box 7: Add 3.1-B Pages 5-a.2 and 5-a.3

Box 8: Add Superseded SPA numbers

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX - NH

Attachment 3. I-A

Page 6 pre-a 2

13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

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

e. Medically monitored outpatient withdrawal management, consistent with Level I -W M, ASAM Criteria 2013. Services shall be provided under an integrated or collaborative service model and, at this level, consist of outpatient withdrawal management without extended on-site monitoring. Services must be delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in the outpatient setting. These providers shall be licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

f. Crisis intervention when a recipient is facing a crisis or emergency situation, and the crisis intervention is related to the recipient's SUD. Crisis intervention is a response to a crisis or emergency situation experienced by an individual which is related to a recipient's SUD. Services must be performed by licensed psychotherapy providers, licensed MLADC's, LADC's engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRN's.

g. Peer recovery support involving non-clinical services to help recipients and families identify and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, coordinating care by providing links to professional treatment and community supports. Peer recovery support services are recipient directed and delivered by peers who have lived experience with recovery and who are certified recovery support workers (CRSW) or licensed LADC's or MLADC's, all of whom must have at least 30 contact hours of recovery coach training approved by the NH Training Institute on Addictive Disorders, the NAADAC Association for Addiction Professionals, the New England Institute of Addiction Studies, the Addiction Technology Transfer Center, or the Connecticut Communities of Addiction Recovery Coach Academy. Supervision of the CRSW or LADC is carried out by an MLADC.

h. Non-peer recovery support including non-clinical group or individual services consistent with a recipient's treatment plan that help to prevent relapse and promote recovery. Services must be provided by a CRSW or licensed LADC or MLADC. The CRSW and licensed LADC must be under the supervision of an MLADC.

TN No: 25-0006

Supersedes

TN No: 16-0012

Effective Date: 01/01/2025

Approval Date: 06/16/2025

13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

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

- i. Evaluations to determine the existence and severity of the SUD and appropriate level of care for the recipient. This service must be provided by a licensed psychotherapist, a licensed MLADC, or a LADC engaged in independent practice in accordance with NH statutes.
- j. Medically monitored residential withdrawal management consistent with Level 3.7-WM, ASAM Criteria 2013, meaning that such services are organized and delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in a 24-hour live-in setting for the purpose of stabilizing situations of severe withdrawal. This residential setting is not an Institutions for Mental Diseases (IMD). Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.
- k. Rehabilitative services, consistent with Level 3.1 and Level 3.5, ASAM Criteria 2013, as summarized at <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iapdownloads/reducing-substance-use-disorders/asam-resource-guide.pdf>, or other services as described above, in a facility licensed as a residential treatment and rehabilitation facility, or in a state-owned residential treatment and rehabilitation facility which is exempt from licensure in accordance with state law. This residential setting is not an Institutions for Mental Diseases (IMD). Recipients being treated at an ASAM 3.5 level of care must be present in the facility at least 22 hours per day. For recipients age 21 and over, this is a clinically managed, high-intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. For recipients under age 21, this service is a clinically managed, medium intensity, residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning.

Recipients treated at an ASAM 3.1 level of care receive a level of service that is a clinically managed, low intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

***Note: Additional coverage details regarding services a through k above are contained in the immediately following Supplement to this Page 6 Section related to SUD Treatment and Recovery Support Services

State Plan under Title XIX of the Social Security Act
State/Territory: New Hampshire

TARGETED CASE MANAGEMENT SERVICES
Substance Use Disorder

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

An individual shall be eligible for case management services if he or she has a substance use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, and/or is transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

☐ Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☐ Services are provided in accordance with §1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0006

Effective Date:

01/01/2025

Supersedes TN: N/A, new page

Approval Date:

06/16/2025

State Plan under Title XIX of the Social Security Act
State/Territory: New Hampshire

TARGETED CASE MANAGEMENT SERVICES: Substance Use Disorder

Comprehensive assessments shall be developed and reviewed with the individual; a hard copy is signed by the individual at least annually and updated as needed, based on individual client need to support access to and receipt of services at the individual's needed level of care based on ASAM criteria.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0006

Supersedes TN: N/A, new page

Effective Date: 01/01/2025

Approval Date: 06/16/2025

State Plan under Title XIX of the Social Security Act
State/Territory: New Hampshire

TARGETED CASE MANAGEMENT SERVICES : Substance Use Disorder

Monitoring shall be provided in-person or through telehealth with the individual, or as needed with family members, service providers, or other entities, as frequently as necessary to support the individual's needed level of care based on ASAM criteria.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

All participating Substance Use Disorder Case Management providers shall have:

1. A baccalaureate degree in social work, rehabilitation, psychology, education, or a related human services field; or
2. An associate's degree in social work, rehabilitation, psychology, education, or a related human services field and the following experience:
 - a. Two years of experience working with persons who have severe mental disability; or
 - b. Two years of experience that provides an individual with an understanding of mental illness and that was acquired as an adult in the provision of significant supports to persons with mental illness, including the experience acquired by family members of persons with mental illness or by other persons who have personal knowledge of mental illness.
3. Any staff person who does not meet the criteria above shall be eligible to provide case management services if they were providing case management services for at least 2 years prior to April 2007 and they receive supervision of at least 2 hours per week.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0006

Effective Date: 01/01/2025

Supersedes TN: N/A, new page

Approval Date: 06/16/2025

State Plan under Title XIX of the Social Security Act
State/Territory: New Hampshire

TARGETED CASE MANAGEMENT SERVICES: Substance Use Disorder

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0006

Effective Date: 01/01/2025

Supersedes TN: N/A, new page

Approval Date: 06/16/2025

State Plan under Title XIX of the Social Security Act
State/Territory: New Hampshire

TARGETED CASE MANAGEMENT SERVICES: Substance Use Disorder

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

[Specify any additional limitations.] None.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0006

Effective Date: 01/01/2025

Supersedes TN: N/A, new page

Approval Date: 06/16/2025

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED

Title XIX - NH
Attachment 3.1-B
Page 5-a.2

13d. Other Diagnostic: Screening, Preventive and Rehabilitative Services (continued)

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

e. Medically monitored outpatient withdrawal management, consistent with Level I-W M, ASAM Criteria 2013. Services shall be provided under an integrated or collaborative service model and, at this level, consist of outpatient withdrawal management without extended on-site monitoring. Services must be delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in the outpatient setting. These providers shall be licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

f. Crisis intervention when a recipient is facing a crisis or emergency situation, and the crisis intervention is related to the recipient's SUD. Crisis intervention is a response to a crisis or emergency situation experienced by an individual which is related to a recipient's SUD. Services must be performed by licensed psychotherapy providers, licensed MLADC's, LADC's engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRN's.

g. Peer recovery support involving non-clinical services to help recipients and families identify and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, coordinating care by providing links to professional treatment and community supports. Peer recovery support services are recipient directed and delivered by peers who have lived experience with recovery and who are certified recovery support workers (CRSW) or licensed LADC's or MLADC's, all of whom must have at least 30 contact hours of recovery coach training approved by the NH Training Institute on Addictive Disorders, the NAADAC Association for Addiction Professionals, the New England Institute of Addiction Studies, the Addiction Technology Transfer Center, or the Connecticut Communities of Addiction Recovery Coach Academy. Supervision of the CRSW or LADC is carried out by an MLADC.

h. Non-peer recovery support including non-clinical group or individual services consistent with a recipient's treatment plan that help to prevent relapse and promote recovery. Services must be provided by a CRSW or licensed LADC or MLADC. The CRSW and licensed LADC must be under the supervision of an MLADC.

TN No: 25-0006

Supersedes

TN No: 16-0012

Effective Date: 01/01/2025

Approval Date: 06/16/2025

13d. Other Diagnostic, Screening, Preventive and Rehabilitative Services (continued)

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

i. Evaluations to determine the existence and severity of the SUD and appropriate level of care for the recipient. This service must be provided by a licensed psychotherapist, a licensed MLADC, or a LADC engaged in independent practice in accordance with NH statutes.

j. Medically monitored residential withdrawal management consistent with Level 3.7-WM, ASAM Criteria 2013, meaning that such services are organized and delivered by behavioral health personnel and other health care providers who provide a planned regimen of care in a 24-hour live-in setting for the purpose of stabilizing situations of severe withdrawal. This residential setting is not an Institutions for Mental Diseases (IMD). Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

k. Rehabilitative services, consistent with Level 3.1 and Level 3.5, ASAM Criteria 2013, as summarized at <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iapdownloads/reducing-substance-use-disorders/asam-resource-guide.pdf>, or other services as described above, in a facility licensed as a residential treatment and rehabilitation facility, or in a state-owned SUD residential treatment and rehabilitation facility which is exempt from licensure in accordance with state law. This residential setting is not an Institutions for Mental Diseases (IMD). Recipients being treated at an ASAM 3.5 level of care must be present in the facility at least 22 hours per day. For recipients age 21 and over, this is a clinically managed, high-intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. For recipients under age 21, this service is a clinically managed, medium intensity, residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning.

Recipients treated at an ASAM 3.1 level of care receive a level of service that is a clinically managed, low intensity residential service that includes a planned program of professionally directed evaluation, care and treatment for the restoration of functioning. Services must be delivered by licensed psychotherapists, licensed MLADC's, licensed physicians, or licensed APRN's.

** *Note: Additional coverage details regarding services a through k above are contained in the immediately following Supplement to this Page 5 Section related to SUD Treatment and Recovery Support Services.

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

19. Case Management Services (continued):

g. Substance Use Disorder Case Management Services

Payment for targeted case management provided to Medicaid recipients with substance use disorder, is made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2025, 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.

TN No: 25-0006

Supersedes

TN No: N/A, new page

Effective Date: 01/01/2025

Approval Date: 06/16/2025