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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 25-0024

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

August 26, 2025

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

Re: New Hampshire State Plan Amendment (SPA) 25-0024

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0024. This amendment proposes to amend the Title XIX State Plan in response to the Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System final rule issued by CMS on November 27, 2024.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.90. This letter informs you that New Hampshire's Medicaid SPA TN 25-0024 was approved on August 26, 2025, effective April 1, 2025.

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

If you have any questions, please contact Joyce Butterworth at (617) 531-7573 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight, Acting Director
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director
Dawn Tierney, 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 2 4

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

April 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 412.106

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2025 \$ 0

b FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 4 to Attachment 3.1-A and 3.1-B pages 1-6 (new)

Attachment 3.1-A page 4a

Attachment 3.1-B page 4a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A and 3.1-B page 4a (TN 23-0013)

9. SUBJECT OF AMENDMENT

Clinic Benefit Four Walls Exception

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:

TE AGENCY OFFICIAL

NAME
Ann H. Landry

13. TITLE
Associate Commissioner

14. DATE SUBMITTED
June 30, 2025

15. RETURN TO

Jody Farwell

Division of Medicaid Services - Brown Building

129 Pleasant Street

Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED
June 30, 2025

17. DATE APPROVED
August 26, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

Governor's comments, if any, will follow.

08/22/2025: The State authorized the following pen & ink changes:.

Box 7: Delete SPA pages – Attachment 3.1-A, Page 4a and Attachment 3.1-B, Page 4a

Box 8: Delete the superseded SPA pages

State Plan under Title XIX of the Social Security Act

State/Territory: New Hampshire

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☐ Limitations apply to all services within the benefit category.

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 §1905(a)(9) of the Social Security Act. 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 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 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: 25-0024

Approval Date: 08/26/2025

Supersedes TN: N/A, new

Effective: 04/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: New Hampshire

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]**Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:**

Community Mental Health Centers and Certified Community Behavioral Health Clinics.

**Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]****IHS and Tribal Clinics [Select below if applicable.]:****Limitations apply only to this clinic type within the benefit category. [describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

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Section 1905(a)(9) Clinic Services

☐ Renal Dialysis Clinics [Select below if applicable.]:☐ Limitations apply only to this clinic type within the benefit category.
[Describe below and indicate if limits may be exceeded based upon
state determined medical necessity criteria.]☒ Other Clinics [Describe the types of clinics, if any limitations apply,
and select below if applicable.]:

Community Health Clinics

☐ Limitations apply only to this clinic type within the benefit category.
[Describe below and indicate if limits may be exceeded based
upon state determined medical necessity criteria.]

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Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**



Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).



Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**



Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

Community Mental Health Centers and Certified Community Behavioral Health Clinics.

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State Plan under Title XIX of the Social Security Act

State/Territory: New Hampshire

Section 1905(a)(9) Clinic Services



Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:



A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:



A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

New Hampshire law established the State Office of Rural Health in the Department of Health and Human Services, SORH is the agency that defines rural areas for purposes related to Medicaid and other health care programs. In New Hampshire, the definition of "rural" for Medicaid and other healthcare purposes is based on Public Health Regions (PHRs) and their population and density. PHRs with a population of 100,000 or more and a density of 150 people per square mile or more are considered non-rural. PHRs that do not meet these criteria are categorized as rural.

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Section 1905(a)(9) Clinic Services

The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:

- ☒ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:

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