

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: NH 21-0023**

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

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December 27, 2021

Lori Shibinette RN, MBA, NHA  
Commissioner  
Department of Health and Human Services  
129 Pleasant St.  
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 21-0023

Dear Ms. Shibinette:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0023. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 21-0023 was approved on November 15, 2021 with an effective October 1, 2021 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

... all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] ... with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 11, 2021 allowing New Hampshire to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take

effect on October 1, 2020.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Joyce Butterworth 857-338-0554 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,



James Scott, Director  
Division of Program Operations

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

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

1. TRANSMITTAL NUMBER  
**21-0023**

2. STATE  
NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2020

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
Section 1905(a)(29) of the SSA

7. FEDERAL BUDGET IMPACT  
FFY 2021: \$0.00  
FFY 2022: \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, page 6 pre-a 1-3, Supplement, page 13-25  
Attachment 3.1-B, page 5-a 1-3, Supplement page 13-25  
Attachment 4.19-B, page 3g, page 3g.1, page 2D

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

N/A new page  
N/A new page  
N/A new page

10. SUBJECT OF AMENDMENT

Mandatory Medicaid State Plan Coverage of Medication Assisted Treatment

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED:  
comments, if any, will follow

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME Ann H. Landry

14. TITLE Associate Commissioner

15. DATE SUBMITTED

3/31/2021

16. RETURN TO

Dawn Landry  
Division of Medicaid Services/Brown Building  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED March 31, 2021

18. DATE APPROVED 11/15/2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

Pen & ink change to correct page numbering.

Enclosure \_\_\_\_

Supplement to Attachment 3.1-A  
Page 6 pre-a 1-3  
Supplement Page 13

**State of New Hampshire**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(29) X MAT as described and limited in Supplement page 13 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN No: 21-0023  
Supersedes: n/a new page

Approval Date: 11/15/2021  
Effective Date: 10/01/2020

**State of New Hampshire**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy  
(continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

Family therapy and peer recovery support that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

iii. Service Package (continued)

**Individual, group, or family treatment.** Treatment consists of services provided by a clinician to assist an individual(s) to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to opioid related problems.

**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.

**Crisis intervention when a recipient is facing a crisis or emergency situation and the crisis intervention is related to the recipient's OUD** services must be performed by licensed psychotherapy providers, licensed MLADCs, LADCs engaged in independent practice in accordance with NH statutes, licensed physicians, or licensed APRN's.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

| Service                                | Eligible Practitioners   |
|--|--|
| Individual, group, or family treatment | Psychotherapists licensed by the New Hampshire (NH) board of mental health practice or the NH board of psychologists<br><br>Master Licensed Alcohol and Drug Counselors (MLADCs) licensed by the NH board of licensing for alcohol and other drug use professionals<br><br>Licensed Alcohol and Drug Counselors (LADCs) who are permitted to engage in independent practice in accordance with applicable state law.<br><br>Physicians or advanced practice registered nurses (APRNs)<br><br>Individuals under the supervision of a psychotherapist<br><br>Individuals under the supervision of an MLADC<br><br>Individuals under the supervision of a Physician or APRN |
| Peer recovery support                  | Peer Recovery Coaches  |

|                     |   |
|---------------------|---|
| Crisis Intervention | <p>Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists</p> <p>MLADACs licensed by the NH board of licensing for alcohol and other drug use professionals</p> <p>LADACs who are permitted to engage in independent practice in accordance with applicable state law.</p> <p>Physicians or advanced practice registered nurses (APRNs)</p> <p>Individuals under the supervision of a psychotherapist</p> <p>Individuals under the supervision of a MLADC</p> <p>Individuals under the supervision of a physician or APRN</p> |
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c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

| Provider  | Training/Education Requirements  | Supervision Requirements  |
|---|--|---|
| Individuals under the supervision of a psychotherapist licensed by the NH board of mental health practice | <p>The individual shall be enrolled in a formal internship for at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws.</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master’s degree in a clinical</li> </ul> | <p><b>Supervisor:</b></p> <p>A psychotherapist licensed by the NH board of mental health practice who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b></p> <p>Individuals who hold at least a master’s degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the</li> </ul> |



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|   | <p>discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws.</p> <ul style="list-style-type: none"> <li>• Be working to accumulate the work experience required for licensure.</li> </ul>  | <p>supervising practitioner; and</p> <ul style="list-style-type: none"> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul>  |
|   | <p>The individual shall be enrolled in a formal internship for at least a master’s program that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a psychotherapist;</li> <li>• Have at least a master’s degree that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure;</li> </ul> | <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern’s supervisory record stating his or her observations and recommendations relative to the intern’s performance; and</li> <li>• The supervisor shall write and sign a monthly note in the intern’s supervisory record summarizing his or her evaluation.</li> </ul> |
| <p>Individuals under the supervision of a psychotherapist licensed by</p> | <p>The individual shall be enrolled in a formal internship for at least a master’s degree in a clinical</p>  | <p><b>Supervisor:</b></p>  |

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| <p>the NH board of psychologists</p> | <p>discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> </ul> <p>Be working to accumulate the work experience required for licensure.</p> | <p>A psychotherapist licensed by the NH board of psychologists who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b></p> <p>Individuals who hold at least a master’s degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul> |
|                                      | <p>The individual shall be enrolled in a formal internship for at least a master’s program that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a person licensed by the</li> </ul>  | <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern’s supervisory record stating his or her observations and recommendations relative to the intern’s performance; and</li> </ul>   |

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|  | <p>NH board of psychologists;</p> <ul style="list-style-type: none"><li>• Have at least a master's degree that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; and</li><li>• Be working to accumulate the work experience required for licensure;</li></ul> | <p>The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</p> |
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| <p>Individuals under the supervision of an MLADC</p> | <p>The individual shall be enrolled in a formal internship for at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul> | <p><b>Supervisor:</b></p> <p>An MLADC who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b></p> <p>Individuals who hold at least a master’s degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul> <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern’s supervisory record stating his or her observations and recommendations relative</li> </ul> |
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|                              |  | <p>to the intern's performance; and</p> <p>The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</p>  |
| <p>Peer Recovery Coaches</p> | <p>Completed 30 contact hours of recovery coach training approved by:</p> <ul style="list-style-type: none"> <li>• NH Training Institute on Addictive Disorders;</li> <li>• The NH Board of Licensing for Alcohol</li> </ul> | <p><b>Supervisor</b></p> <p>A practitioner who is on the staff of, or under contract with, the peer recovery program rendering the services who shall have:</p> <ul style="list-style-type: none"> <li>• Completed the training required for peer recovery coaches; and</li> </ul> |

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|  | <p>and Other Drug Use Professionals;</p> <ul style="list-style-type: none"> <li>• NAADAC, the Association for Addiction Professionals;</li> <li>• AdCare Education Institute, Inc., of New England;</li> <li>• Addiction Technology Transfer Center; or</li> <li>• Connecticut Communities for Addiction Recovery (CCAR) Recovery Coach Academy (RCA);</li> </ul> <p>Completed a minimum of sixteen contact hours of training in ethics approved by any of the providers above.;</p> <p>Completed a minimum of 6 contact hours of training in suicide prevention approved by any of the providers above; and</p> <p>Completed a minimum of 3 contact hours of training on co-occurring mental health and substance use disorders approved by any of the providers above.</p> | <ul style="list-style-type: none"> <li>• Completed 6 contact hours of training in the supervision of individuals delivering peer recovery support services approved by the providers approved for peer recovery coach training; or</li> </ul> <p>An MLADC who is on the staff of or under contract with a medicaid enrolled peer recovery program; or</p> <p>A LADC who is permitted to engage in independent practice in accordance with applicable state laws, who also is an LCS and who is on the staff of or under contract with a medicaid enrolled peer recovery program; or</p> <p>A LADC who is on the staff of or under contract with a medicaid enrolled outpatient SUD program, comprehensive SUD program, or peer recovery program; or</p> <p>A CRSW who has been certified for one year and has taken 6 hours of supervisory training and 6 hours of practical training which has been approved by the board pursuant to applicable state law; or</p> <p>A licensed mental health provider who is on the staff of or under contract with a medicaid enrolled</p> |
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|  |  | outpatient SUD program,<br>comprehensive SUD program, or<br>peer recovery program;<br><br><b>Supervision Requirements:</b><br><br>N/A |
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**State of New Hampshire**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

iv. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Limitations of MAT drugs is the same as other drug classes. The following dispensing limitations shall apply to prescriptions drugs:

- Pharmacists shall follow current standards of practice in accordance with applicable state law or applicable federal regulations.
- Non-controlled drug prescriptions shall be refilled pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow dispensing requirements pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow refill requirements pursuant to applicable state law or applicable federal regulations.
- Refill extensions authorized by the prescribing, licensed practitioner shall be treated as a new prescription.



PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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.

Enclosure \_\_\_\_

Supplement to Attachment 3.1-B  
Page 5-a 1-3  
Supplement Page 13

**State of New Hampshire**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(29) X MAT as described and limited in Supplement page 13 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN No: 21-0023  
Supersedes: n/a new page

Approval Date 11/15/2021  
Effective Date: 10/01/2020

**State of New Hampshire**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy  
(continued)

i. General Assurance

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iii. Service Package (continued)

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- b) Please include each practitioner and provider entity that furnishes each service and component service.

| Service                                | Eligible Practitioners   |
|--|--|
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| Peer recovery support                  | Peer Recovery Coaches  |

|                     |   |
|---------------------|---|
| Crisis Intervention | <p>Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists</p> <p>MLADACs licensed by the NH board of licensing for alcohol and other drug use professionals</p> <p>LADACs who are permitted to engage in independent practice in accordance with applicable state law.</p> <p>Physicians or advanced practice registered nurses (APRNs)</p> <p>Individuals under the supervision of a psychotherapist</p> <p>Individuals under the supervision of a MLADC</p> <p>Individuals under the supervision of a physician or APRN</p> |
|---------------------|---|

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

| Provider  | Training/Education Requirements  | Supervision Requirements  |
|---|--|---|
| Individuals under the supervision of a psychotherapist licensed by the NH board of mental health practice | <p>The individual shall be enrolled in a formal internship for at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws.</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master’s degree in a clinical</li> </ul> | <p><b>Supervisor:</b></p> <p>A psychotherapist licensed by the NH board of mental health practice who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b></p> <p>Individuals who hold at least a master’s degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the</li> </ul> |

|   |  |  |
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|   | <p>discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws.</p> <ul style="list-style-type: none"> <li>• Be working to accumulate the work experience required for licensure.</li> </ul>  | <p>supervising practitioner; and</p> <ul style="list-style-type: none"> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul>  |
|   | <p>The individual shall be enrolled in a formal internship for at least a master’s program that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a psychotherapist;</li> <li>• Have at least a master’s degree that meets the requirements for initial licensure by the NH board of mental health practice pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure;</li> </ul> | <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern’s supervisory record stating his or her observations and recommendations relative to the intern’s performance; and</li> <li>• The supervisor shall write and sign a monthly note in the intern’s supervisory record summarizing his or her evaluation.</li> </ul> |
| <p>Individuals under the supervision of a psychotherapist licensed by</p> | <p>The individual shall be enrolled in a formal internship for at least a master’s degree in a clinical</p>  | <p><b>Supervisor:</b></p>  |

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| the NH board of psychologists | discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or<br><br>The individual shall: <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> </ul> Be working to accumulate the work experience required for licensure. | A psychotherapist licensed by the NH board of psychologists who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program.<br><br><b>Supervision Requirements:</b><br>Individuals who hold at least a master’s degree shall have ongoing supervision of at least 2 hours per month as follows: <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul> |
|                               | The individual shall be enrolled in a formal internship for at least a master’s program that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; or<br><br>The individual shall: <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of a person licensed by the</li> </ul>   | Individuals who are enrolled in a formal internship shall receive direct supervision as follows: <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern’s supervisory record stating his or her observations and recommendations relative to the intern’s performance; and</li> </ul>   |

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|  | <p>NH board of psychologists;</p> <ul style="list-style-type: none"><li>• Have at least a master's degree that meets the requirements for initial licensure by the NH board of psychologists pursuant to applicable state laws; and</li><li>• Be working to accumulate the work experience required for licensure;</li></ul> | <p>The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</p> |
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| <p>Individuals under the supervision of an MLADC</p> | <p>The individual shall be enrolled in a formal internship for at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws, or</p> <p>The individual shall:</p> <ul style="list-style-type: none"> <li>• Have completed at least one year of work in the field of substance use disorders treatment under the supervision of an MLADC or licensed mental health provider;</li> <li>• Have at least a master’s degree in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to applicable state laws; and</li> <li>• Be working to accumulate the work experience required for licensure.</li> </ul> | <p><b>Supervisor:</b></p> <p>An MLADC who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program.</p> <p><b>Supervision Requirements:</b></p> <p>Individuals who hold at least a master’s degree shall have ongoing supervision of at least 2 hours per month as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct, individual, or group supervision of at least one hour per month by the supervising practitioner; and</li> <li>• The second hour of supervision may be peer review or case review, such as client-centered conferences.</li> </ul> <p>Individuals who are enrolled in a formal internship shall receive direct supervision as follows:</p> <ul style="list-style-type: none"> <li>• There shall be direct supervision of at least one hour per week;</li> <li>• The supervisor shall write and sign a weekly note in the intern’s supervisory record stating his or her observations and recommendations relative</li> </ul> |
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|   |   | <p>to the intern's performance; and</p> <p>The supervisor shall write and sign a monthly note in the intern's supervisory record summarizing his or her evaluation.</p>                          |
| <p>Individuals under the supervision of a Physician or APRN</p> | <p>Individuals under the supervision of a Physician or APRN follow training and education requirements for their individual licenses in accordance with applicable state or federal law or regulations.</p> | <p>Individuals under the supervision of a Physician or APRN follow supervision requirements for their individual licenses in accordance with applicable state or federal law or regulations.</p> |

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| <p>Peer Recovery Coaches</p> | <p>Completed 30 contact hours of recovery coach training approved by:</p> <ul style="list-style-type: none"> <li>• NH Training Institute on Addictive Disorders;</li> <li>• The NH Board of Licensing for Alcohol and Other Drug Use Professionals;</li> <li>• NAADAC, the Association for Addiction Professionals;</li> <li>• AdCare Education Institute, Inc., of New England;</li> <li>• Addiction Technology Transfer Center; or</li> <li>• Connecticut Communities for Addiction Recovery (CCAR) Recovery Coach Academy (RCA);</li> </ul> <p>Completed a minimum of sixteen contact hours of training in ethics approved by any of the providers above.;</p> <p>Completed a minimum of 6 contact hours of training in suicide prevention approved by any of the providers above; and</p> <p>Completed a minimum of 3 contact hours of training on co-occurring mental health and</p> | <p><b>Supervisor</b></p> <p>A practitioner who is on the staff of, or under contract with, the peer recovery program rendering the services who shall have:</p> <ul style="list-style-type: none"> <li>• Completed the training required for peer recovery coaches; and</li> <li>• Completed 6 contact hours of training in the supervision of individuals delivering peer recovery support services approved by the providers approved for peer recovery coach training; or</li> </ul> <p>An MLADC who is on the staff of or under contract with a medicaid enrolled peer recovery program; or</p> <p>A LADC who is permitted to engage in independent practice in accordance with applicable state laws, who also is an LCS and who is on the staff of or under contract with a medicaid enrolled peer recovery program; or</p> <p>A LADC who is on the staff of or under contract with a medicaid enrolled outpatient SUD program, comprehensive SUD program, or peer recovery program; or</p> |
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|  | <p>substance use disorders approved by any of the providers above.</p> | <p>A CRSW who has been certified for one year and has taken 6 hours of supervisory training and 6 hours of practical training which has been approved by the board pursuant to applicable state law or regulation; or</p> <p>A licensed mental health provider who is on the staff of or under contract with a medicaid enrolled outpatient SUD program, comprehensive SUD program, or peer recovery program;</p> <p><b>Supervision Requirements:</b><br/>N/A</p> |
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**State of New Hampshire**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Utilization Controls

  x   The state has drug utilization controls in place. (Check each of the following that apply)

- x   Generic first policy
- x   Preferred drug lists
- x   Clinical criteria
- x   Quantity limits

       The state does not have drug utilization controls in place.

iv. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Limitations of MAT drugs is the same as other drug classes. The following dispensing limitations shall apply to prescriptions drugs:

- Pharmacists shall follow current standards of practice in accordance with applicable state law or applicable federal regulations.
- Non-controlled drug prescriptions shall be refilled pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow dispensing requirements pursuant to applicable state law or applicable federal regulations.
- Controlled drug substances shall follow refill requirements pursuant to applicable state law or applicable federal regulations.
- Refill extensions authorized by the prescribing, licensed practitioner shall be treated as a new prescription.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. 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 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 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.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire**1905(a)(29) Medication-Assisted Treatment (MAT)**

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B, page 2b and 2c for drugs that are dispensed or administered.

The reimbursement for counseling services and behavioral therapy will be reimbursed using the same methodology as described in Attachment 4.19-B, page 3b.

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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

b. 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, 2021, 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](http://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.

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, 2021, 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.



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, 2021, 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](http://www.nhmmis.nh.gov) (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers

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