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State/Territory Name: NH

State Plan Amendment (SPA) #: 14-003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

May 2, 2014

Mr. Nicholas A. Toumpas
Commissioner
State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301

Dear Mr. Toumpas:

We have reviewed New Hampshire State Plan Amendment (SPA) 14-003, Prescribed Drugs, received in the Boston Regional Office on March 14, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA NH-14-003 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the New Hampshire State Plan will be forwarded by the Boston Regional Office.

If you have any questions regarding this SPA, please contact Lisa Ferrandi at (410) 786-5445.

Sincerely,

/s/

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Dawn Landry, Department of Health and Human Services
Richard R. McGreal, ARA, Boston Regional Office
Joyce Butterworth, Boston Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

May 2, 2014

Nicholas A. Toumpas, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Re: New Hampshire SPA TN 14-003

Dear Commissioner Toumpas,

We have reviewed New Hampshire State Plan Amendment (SPA) 14-003, Prescribed Drugs, received on March 14, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA NH-14-003 is approved with an effective date of January 1, 2014.

If there are questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kathleen Dunn, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-003

2. STATE
NH

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2014

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 2502 of the ACA, Sections 1927(d)(2) and 1927(d)(7) of the
Social Security Act

7. FEDERAL BUDGET IMPACT:
(\$113) – Remainder of FFY 2014
(\$150) – FFY 2015

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 5a(2)
Attachment 3.1-B, page 4d

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

Attachment 3.1-A, page 5a(2), TN 13-005
Attachment 3.1-B, page 4d, TN 13-005

10. SUBJECT OF AMENDMENT:
Coverage of Benzodiazepines, Barbiturates, and Smoking Cessation Products

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:


/s/

13. TYPED NAME: Nicholas A. Toumpas

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 14, 2014

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY


17. DATE RECEIVED:
March 14, 2014

18. DATE APPROVED:
May 2, 2014

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:


/s/
22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations
Boston, MA

21. TYPED NAME:
Richard R. McGreal

23. REMARKS:
There are no Pen & Ink changes.

12a. Prescribed Drugs (continued)

Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

1927(d)(2) and 1935(d)(2) 1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

No excluded drugs are covered

The following excluded drugs are covered:

- (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)
- (b) agents when used to promote fertility (see specific drug categories below)
- (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)
- (d) agents when used for the symptomatic relief of cough and colds (see specific drug categories below)
- (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (all are covered)
- (f) nonprescription drugs (see specific drug categories below)
- (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)

TN No: 14-003
Supersedes
TN No: 13-005

Approval Date 05/02/2014

Effective Date: 01/01/14

12a. Prescribed Drugs (continued)

Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

1927(d)(2) and 1935(d)(2) 1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

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- (d) agents when used for the symptomatic relief of cough and colds (see specific drug categories below)
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- (f) nonprescription drugs (see specific drug categories below)
- (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)

TN No: 14-003
Supersedes
TN No: 13-005

Approval Date 05/02/2014

Effective Date: 01/01/14