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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 20-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



Financial Management Group

April 23, 2020

Lori Shibinette, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

RE: TN 20-0021

Dear Commissioner Shibinette:

We have reviewed the proposed New Hampshire (NH) State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 24, 2020. This plan amendment updates the allowance for a 3.1% increase to Home and Community Based Care for High Risk Children with Severe Emotional Disturbance rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

Please note that our approval relates only to the requested change in payment methodology and CMS may still have questions on the funding structure in determining its consistent with section 1902(a)(2) and 1903(a) of the Act as implemented by 42 CFR § 433.54. Therefore, our approval relates only to the requested change in payment methodology and that the resultant rates and related expenditures are consistent with section 1902(a)(30)(A) of the Act. Approval of the subject SPA does not relieve the State of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

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

1. TRANSMITTAL NUMBER
20-0021

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
January 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
1915(i) of the SSA; 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
FFY 2020: \$21,762
FFY 2021: \$29,015

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B of 1915(i), 3 pages

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

Attachment 4.19B of 1915(i), 3 Pages, TN 18-0002

10. SUBJECT OF AMENDMENT

1915(i) Home and Community Based Care for High Risk Children with Severe Emotional Disturbance
NH 2020 Budget Increase

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

03/24/2020

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

18. DATE APPROVED

04/23/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input type="checkbox"/>	HCBS Habilitation
<input checked="" type="checkbox"/>	<p>HCBS Respite Care</p> <p><u>In-Home Respite Care (Natural Support or Agency Based)</u></p> <p>Payment for in-home respite care shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. The per diem rate was originally established in 2018 based on rates paid for these same services by the Division of Children, Youth, and Families (DCYF), and then updated on January 1, 2020. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.</p> <p><u>Out-of-Home Respite</u></p> <p>Payment for out-of-home respite shall be made at per diem rates established by the Department based on recipient age and location of service. Rates were set as of January 1, 2020, and are effective for services provided on or after that date. Prior to Jan 1, 2020, the per diem rates were established in 2018 based on rates paid for these same services by the Division of Children, Youth, and Families (DCYF) and/or rates which were established under the grant which was in effect prior to planning for sustainability of the services as Title XIX state plan services. The cost data varies based on the age related clinical needs of the recipients, as well as the location of service as described below:</p>

	<p>a) Of the four services, the out-of-home respite in non-therapeutic foster care for children ages 6-11 is priced at the lowest rate of \$18.56 per diem based on DCYF established rates.</p> <p>b) Out-of-home respite in non-therapeutic foster care for children ages 12 and over is priced at \$22.07 per diem to account for the higher clinical needs of adolescents, and was also based on DCYF established rates.</p> <p>c) Out-of-home respite in therapeutic foster care for children was priced at a higher rate to take into account the clinical services being offered and originally matched the pricing established under the grant. This rate is now set at \$72.17 per diem.</p> <p>d) Out-of-home respite in a group home is priced at \$113.41 per diem. This rate was originally based on pricing established under the grant and has been compared to the DCYF group home rates to ensure that it is reasonable and comparable.</p> <p>The levels and rates of out of home respite are intended to meet the unique behavioral and clinical needs of each participant. The level of respite utilized for each participant will be based on that participant's clinical and behavioral needs.</p> <p>All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.</p> <p>•</p>
For Individuals with Chronic Mental Illness, the following services:	
	<input type="checkbox"/> HCBS Day Treatment or Other Partial Hospitalization Services
	<input type="checkbox"/> HCBS Psychosocial Rehabilitation
	<input type="checkbox"/> HCBS Clinic Services (whether or not furnished in a facility for CMI)
✓	Other Services (specify below) See attached Rate schedule
	<p><u>Wraparound Facilitation/Care Coordination</u></p> <p>Payment for wraparound facilitation/care coordination shall be made at a per diem rate established by the Department. Rates were set as of January 1, 2020, and are effective for services provided on or after that date. The per diem rate was originally established based on the rate paid on a contract basis for the same service which was covered under a departmental grant prior to planning for its sustainability as a Title XIX state plan service. The grant rate was set based on cost data provided by the provider on a budget worksheet that took into account the salaries, fringe benefits, indirect costs, and transportation costs required to deliver the service. All fee schedules are accessible at www.nhmmis.nh.gov (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.</p>

	<p><u>Family Peer Support</u></p> <p>Payment for family peer support shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, and are effective for services provided on or after that date. The rate was originally set based on cost data provided by the provider on a budget worksheet that took into account the salaries, fringe benefits, indirect costs, and transportation costs required to deliver the service. 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 (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.</p>
	<p><u>Youth Peer Support</u></p> <p>Payment for youth peer support shall be made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2020, 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. The rate was originally set based on cost data provided by the provider on a budget worksheet that took into account the salaries, fringe benefits, indirect costs, and transportation costs required to deliver the service. 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 (go to "documents and forms" under the "documentation" tab) and are applicable to all public and private providers.</p>
	<p><u>Customizable Goods and Services</u></p> <p>For customizable goods and services which are prior authorized, the approved payment amount is based on the actual cost of the good or service with the approved amount being provided on the prior authorization notice which is sent to the provider. The limit on this service is \$1,000/recipient/per year.</p> <p>The limit established was based upon a review of utilization by participants receiving this service during a grant period and used the maximum billed amount in one year per participant to ensure that all participant's needs in this area are covered.</p>
	<p><u>With the exception of customizable goods and services, all of the above services received a legislated 3.1% rate increase effective January 1, 2020.</u></p>