



Lori A. Shibinette
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

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March 26, 2020

Jackie Glaze, Acting Director
Medicaid and CHIP Operations Group Center
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Request for Additional 1135 Waiver Approvals

Dear Ms. Glaze:

Thank you for your consideration of the New Hampshire Department of Health and Human Services ("Department") additional 1135 Waiver request. As in my letter dated March 18, 2020, the Department is seeking these additional flexibilities to ensure that sufficient health care items and services are available to meet the needs of the State during the emergency declaration.

Provider Enrollment:

- Temporarily cease provider revalidation.
- Exempt family caregivers from all screening requirements.
- Waiver of certain provider enrollment requirements pursuant to 42 C.F.R. §455.104 in order to maintain capacity to meet beneficiary access needs during the emergency and to enable payment to impacted providers. For providers not enrolled in another State Medicaid or Medicare, during the approved emergency period, New Hampshire will streamline enrollment of providers using relatively limited information, i.e. provider information sufficient within the MMIS application for claims processing. New Hampshire would deny enrollment under this streamlined process if a provider is found on an exclusionary database.
- Waiver/flexibility with MCO requirements to complete credentialing of providers required under 42 C.F.R. § 438.214.

Reporting and Oversight:

- Suspend 2-week aide supervision requirement by a registered nurse for home health agencies.

- Suspend supervision of hospice aides by a registered nurse every 14 days' requirement for hospice agencies.

Long Term Services and Supports:

- Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents.

Medicaid Authorizations:

- Maintain prior authorization requirements for services being requested under provisions of EPDST where the State Plan is silent on coverage. Continue review of EPSDT requests based on individual consideration and determination of medical necessity.

Very Truly Yours,

/s/Henry D. Lipman

Henry D. Lipman, FACHE
Medicaid Director

cc.: Lori A. Shibinette, Commissioner
Melissa A. St. Cyr, Chief Legal Officer
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