Amendment to HB 2-FN-A-LOCAL

Delete section 257.

Insert new sections:

- 1 Appropriation; Department of Health and Human Services; Medicaid Provider Rate Increases. There is hereby appropriated to the department of health and human services the sums of \$12,000,000 for the fiscal year ending June 30, 2024, and \$12,000,000 for the fiscal year ending June 30, 2025, for the purpose of increasing Medicaid provider rates, excluding rates for hospital inpatient and hospital outpatient services. The department shall utilize such funds to increase rates pursuant to section 1902 (a)(30)(A) of the Social Security Act, to promote efficiency, economy, and quality of care within New Hampshire's Medicaid program. The department may accept and expend any federal funds available for the purposes of this section without the prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.
- 2 Appropriation; Department of Health and Human Services; Targeted Medicaid Rate Increases. In addition to any other sums appropriated, there is hereby appropriated to the department of health and human services the following amounts for the purpose of increasing rates paid to service providers. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated. Said rate increases shall go into effect no later than January 1, 2024. If feasible, the department shall implement any of the rate increases prior to that date, with priority given to those the commissioner has deemed most critical. For all appropriations below, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. For each appropriation, the department shall report to the fiscal committee of the general court, by October 1, 2023, the accounting units in the state operating budget to which funds will be or have been allocated, along with the rate increases that will be provided from the funds appropriated:
- I. \$2,674,000 in the fiscal year ending June 30, 2024 and \$5,294,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid to nursing homes.
- II. \$1,219,000 in the fiscal year ending June 30, 2024 and \$2,438,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates for all Choices for Independence providers not provided rate increases elsewhere in this section.

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1 III. \$401,000 in the fiscal year ending June 30, 2024 and \$802,000 in the fiscal year ending 2 June 30, 2025 for the purpose of increasing rates paid to assisted living facilities. 3 IV. \$483,000 in the fiscal year ending June 30, 2024 and \$966,000 in the fiscal year ending 4 June 30, 2025 for the purpose of increasing rates paid to home health aides. V. \$40,000 in the fiscal year ending June 30, 2024 and \$80,000 in the fiscal year ending 5 6 June 30, 2025 for the purpose of increasing rates for home delivered meals paid to Meals on Wheels 7 providers. 8 VI. \$417,000 in the fiscal year ending June 30, 2024 and \$834,000 in the fiscal year ending 9 June 30, 2025 for the purpose of increasing rates for private duty nursing providers. 10 VII. \$96,000 in the fiscal year ending June 30, 2024 and \$192,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid for section 1915(c) waiver case management 11 12 services. VIII. \$2,246,000 in the fiscal year ending June 30, 2024 and \$4,492,000 in the fiscal year 13 14 ending June 30, 2025 for the purpose of increasing rates and/or wages paid to providers of 15 community mental health services. IX. \$353,000 in the fiscal year ending June 30, 2024 and \$706,000 in the fiscal year ending 16 17 June 30, 2025 for the purpose of increasing housing reimbursement rates for those receiving 18 community mental health services. X. \$3,000,000 in the fiscal year ending June 30, 2024 and \$6,000,000 in the fiscal year 19 20 ending June 30, 2025 for the purpose of rebasing rates for community health centers to ensure that 21Medicaid rates are sufficient to cover the cost of service provision. 22XI. \$641,500 in the fiscal year ending June 30, 2024 and \$1,283,000 in the fiscal year ending June 30, 2025 for the purpose of bringing Medicaid rates for community health centers up to the 23 levels of Medicare reimbursement. 2425 XII. \$4,652,000 in the fiscal year ending June 30, 2024 and \$9,304,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid to providers of early supports and 26 27services, developmental services, acquired brain disorder services, and children's in-home support 28 services. 29 XIII. \$778,000 in the fiscal year ending June 30, 2024 and \$1,556,000 in the fiscal year 30 ending June 30, 2025 for the purpose of increasing rates paid to providers of opioid treatment

XIV. \$64,000 in the fiscal year ending June 30, 2024 and \$128,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid to residential treatment providers serving those experiencing substance use disorders.

programs. Said amounts are intended to cover the cost of rate increases for both the traditional

Medicaid population and granite advantage program population.

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XV. \$96,000 in the fiscal year ending June 30, 2024 and \$192,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid to providers of medication assisted treatment for those experiencing substance use disorders.

XVI. \$144,500 in the fiscal year ending June 30, 2024 and \$289,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid to providers of outpatient services for those experiencing substance use disorders.

XVII. \$50,000 in the fiscal year ending June 30, 2024 and \$100,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid to midwives providing Medicaid births in non-hospital environments.

XVIII. \$125,000 in the fiscal year ending June 30, 2024 and \$250,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid to birthing centers.

XIX. \$1,100,000 in the fiscal year ending June 30, 2024 and \$2,200,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates paid for providers of ambulance/EMT services. Notwithstanding any other provisions, the ambulance/EMT Medicaid fee levels shall be set at Medicare fee levels with the following exceptions:

16	Ambulance Codes	Rate
17	A0425	13.00
18	A0427	700
19	A0428	325
20	A0429	450

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XX. \$1,500,000 in the fiscal year ending June 30, 2024 and \$3,000,000 in the fiscal year ending June 30, 2025 for the purpose of increasing rates for state plan personal care assistant services.

XXI. \$10,026,500 in fiscal year 2024 for the purpose of increasing any of the rates in this section prior to January 1, 2024, if feasible, where the department has given priority to those increases the commissioner has deemed most critical.

3 Department of Health and Human Services; Adult Medical Day Services. The department of health and human services shall reimburse all adult medical day services at the same payment rate irrespective of whether the service is covered under the Choices for Independence waiver or the Medicaid state plan.

AMENDED ANALYSIS

1. Makes appropriations to the department of health and human services for Medicaid provider rate increases.