STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

To: NH Medicaid Enrolled Providers

From: NH Division of Medicaid Services

Date: February 3, 2025

Subject: Licensed Nursing Assistance (LNA) Services for In-Home Care

As of January 24, 2025, any New Hampshire Medicaid beneficiary who meets the requirements of He-W 553.03 will be eligible for Home Health Services performed by a LNA.

Home Health Services performed by a LNA shall be a covered service based on medical necessity and is subject to utilization management reviews, including service authorization processes. Medical necessity for home health services performed by a LNA is a determination of the Member's medical need for the LNA services in consideration of the Member's medical condition(s), cognitive abilities, physical needs, and developmental stage.

There shall be no restrictions that prohibit a relative or friend who is an agency connected licensed LNA to provide the covered services. Medical necessity determinations are not determined based on the presence or lack of presence of a family member or other in-home caregiver as the requesting provider has ordered Home Health Services performed by a LNA. LNAs are licensed health care professionals and are different from Personal Care Attendant Services (PCAS), Personal Assistant Services (PAS), and unlicensed providers.

Upon receipt of the service authorization completed documentation from the ordering provider, the Medicaid Medical Services FFS Authorization Unit shall review the request. If the authorizer approves the entire request as ordered by the ordering provider, the authorizer shall notify the Member and the rendering provider of the approval of service coverage. If the authorizer is unable to approve the entire request, as signed by the ordering provider, the authorizer shall deny or partially deny the request, sending notification to the Member, the ordering provider and the rendering provider. The authorizer shall afford the ordering provider the opportunity to have a peer-to-peer consultation after a denial or partial denial has been issued. The ordering provider may request a peer-to-peer consultation with the authorizer at any time during the utilization management determination process including prior to an approval, denial, or partial denial of service is issued.

If there are questions on how one of the NH Medicaid Managed Care Organizations (MCO) handles the above information, please reach out to your MCO provider representative.

If there are any questions on this notice, please contact the Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

Thank you,

NH Medicaid Provider Relations