



**Issue 27: October 2024**

*A monthly circulation featuring updates, resources, and events regarding the New Hampshire Medicaid to Schools Program.*

## MTS News

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### **New Guidance Released from CMS**

- The Centers for Medicare and Medicaid Services has recently released *guidance on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)*.

### **Annual Certification of Local Match for Medicaid Reimbursement Due October 31, 2024**

- The *annual certification of local match for Medicaid reimbursement* is due October 31, 2024. Each SAU must document that they have provided at least 50% of the cost of services reimbursed by Medicaid as part of federal requirements for the program. Please direct any questions related to the certification to [NH.Medicaid.Provider.Relations@dhhs.nh.gov](mailto:NH.Medicaid.Provider.Relations@dhhs.nh.gov).

## Upcoming Events

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### **MTS Resource Center**

- Join the MTS Resource Center for our monthly Medicaid to Schools Collaborative meetings on the First Friday of each month from 9:00-10:30am. These meetings will be utilized to answer questions, hold a space for discussion and solutions, and provide training and presentations from subject matter experts.

Next MTS Collaborative Meeting: **November 1, 9:00-10:30am**

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## Resources

**Back to School  
Documentation Checklist**

Check out this *documentation*

CHILD NAME LGA	SCHOOL YEAR	SERVICES REQUESTED	DATE	TYPE OF CONTACT	TREATMENT PLAN AND SERVICES TO BE DELIVERED	HOW IDENTIFIED, IF ANY	DATE OF NEXT REVIEW SESSION	SIGNATURE OF SUPERVISING CLINICIAN	DATE OF SIGNATURE
				Face to face <input type="checkbox"/>				X	
				Observation <input type="checkbox"/>					
				Telephone call <input type="checkbox"/>					
				Face to face <input type="checkbox"/>				X	
				Observation <input type="checkbox"/>					
				Telephone call <input type="checkbox"/>					
				Face to face <input type="checkbox"/>				X	
				Observation <input type="checkbox"/>					
				Telephone call <input type="checkbox"/>					

## 30 Day Review Template

The UNH Institute for Health Policy and Practice has drafted a **30 day review template** for use by schools. This template is **not required** by the NH Department of Health and Human Services but can be used to guide 30 day review documentation.



## New Report from Healthy Schools Campaign

Take a look at the new report that Healthy Schools Campaign just released: *Advancing School-Based Substance Use Prevention & Early Intervention Approaches*.

Checklist created by the Resource Team to get set up with everything you need for billing this year!

### NH MEDICAID TO SCHOOLS DOCUMENTATION CHECKLIST

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Enrolled school providers must maintain unique documentation in accordance with the NH [HS-2630 Admitted Rule](#) and the [Provider Manual for Medicaid in Schools](#) as well as with [HS-2630](#) for the covered services to each student's individual record. Required documentation includes:

- Plan of Care (IEP, 504, or other Care Plan):** To be eligible for reimbursement for covered services, a student needs to have a care plan, be less than 21 years of age, be a Medicaid recipient and be served by an LEA or SDE that is a NH Medicaid enrolled school provider (the HS-2630-01-01).
  - A copy of the care plan with demonstrated medical necessity.
  - If an IEP, evidence of representation of the SP as required by [§21.109](#).
  - The name of the student, the medical assistance ID number, and documentation demonstrating receipt of each unit of the covered service.
- Orders:** Orders must encompass the date of service in order for that service to be billed to Medicaid. If there is no date span, or the date span extends beyond one year, the orders are effective for one year from the date of the signature.
  - Description of medical condition to verify medical necessity.
  - Describe the actual service needed.
  - The date span or date of signature must be on the order.
  - Date span must not exceed one year.
  - Signed and dated by a physician, advanced practice registered nurse, physician assistant, or other licensed practitioner.
- Credentials, including LISC "checks" (Provider Manual for Medicaid in Schools)**
  - Signatures of providers of covered services upon hire, prior to entering the contract, and monthly thereafter.
  - The documentation of the qualifications, names, and signatures of persons directing or supervising the individuals providing the covered services if direction or supervision is required under this part or applicable law, and the date of supervisory approval.
  - Copies of the appropriate service provider qualifications (copy of licensure or documentation of certification).
- Parental Consent:** Provide written notification and obtain consent from parents to access Medicaid funding for medically-related services delivered in a school setting before billing the student's Medicaid. Signed consent forms should be part of the student's file.
  - Signed consent form.

### Rehabilitative Assistance Services Overview

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## Rehabilitative Assistance Overview

Brush up on your rehabilitative assistance knowledge with the NH MTS Resource Center's *Rehabilitative Assistance Overview*.



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