

MTS Financing Transition

- Overview:
- NH Medicaid currently utilizes an in-kind reimbursement methodology to fund the Medicaid to Schools Program
 - Rate defined by the Medicaid Fee Schedule
 - School reimbursed at 50% (Federal percentage)
 - LEA covers remaining 50% of the fee for the service
- CMS requires NH to move away from the in-kind reimbursement methodology at or about June, 2026
- NH Medicaid will be moving to a Certified Public Expenditure (CPE methodology)
- What this means:
 - LEAs will be reimbursed 50% of *actual costs* for providing the services
 - LEAs will be able to claim for administrative services as well as direct services
 - LEAs will complete cost reports and participate in Random Moment Time Studies (RMTS)

Milestones of MTS Transition

- ~May 2024: Develop, post RFP
- Review bids, select vendor
- ~9/1/2024: Contract begins
- September 2024 – June 2026
 - Vendor will work with NH DMS to submit reimbursement SPA, additional submissions to CMS
 - Vendor will begin outreach to LEAs
 - Training
- July 1, 2026: New Claiming System in place

Rule Revision

- He-W 589 (MTS Rule) was sent to the Administrative Rules Unit on 4/4/2024
- Deb Fournier will cover additional details on the rules process
- Major changes in the proposed rule:
 - Requirement for order for OT services removed (rendering OT should be included as orderer)
 - Student eligibility: ages 3-22 (EPSDT only applies up to age 21. 21-22 would not be covered by EPSDT – services not explicitly in SP)
 - Coverage of ABA services defined
 - Certified speech-language specialist as defined by RSA 326-F:3IV(b) able to order/provide/supervise speech-language services
 - OIG LEIE language

OIG LEIE Guidance

- **OIG LEIE Database Screenings:** schools must screen all providers, employees, contractors, and school **personnel that are involved with administering or delivering medicaid services** for exclusions against the Office of Inspector General (OIG) exclusion and sanction database pursuant to section 1866(j)(2) of the Social Security Act, section 1903(i) of the Social Security Act, and 42 CFR 1001.1901. The OIG exclusion and sanction database may be found at <https://exclusions.oig.hhs.gov>. Schools must screen all providers, employees, contractors, and school personnel upon hire or engagement and on a monthly basis thereafter as long as the individual is involved with administering or delivering medicaid services for which the school is seeking federal FFP; and
- **Contractors:** Schools are responsible for verifying licensure, certification, and OIG exclusions for all providers, whether those providers are contractors or work directly for the school. Contractors shall not bill directly for medical services provided in the school setting.