ELIGIBILITY

STUDENT

- Have a care plan;
- Be less than 21 years of age;
- Be a Medicaid recipient; and
- Be served by an LEA or SAU that is an enrolled school provider
(He-W 589.03(a)-(d))

LOCAL EDUCATION AGENCY (LEA) ENROLLED SCHOOL PROVIDERS

See "Provider Enrollment" sheet for more information

Screen all performing-only providers for Office of Inspector General (OIG) exclusions, upon hire, prior to executing a contract, and on a monthly basis thereafter as long as the performing-only provider is providing Medicaid services for which the school is seeking federal FFP (He-W 589.04(a)(1)-(a)(4)).

The OIG website can be found here: https://exclusions.oig.hhs.gov

If providers are enrolled in NH Medicaid, then NH Medicaid is responsible for OIG screening

SERVICE PROVIDERS

See "Provider Enrollment" sheet for more information

Ordering and Prescribing (ORP) Providers:
- Licensed in NH, and practicing within their scope of license
- Enrolled in NH Medicaid
- Have an National Provider Identifier (NPI) number
- Writing orders/prescribing are not billable activities

Rendering Providers:
- Licensed in NH, and practicing within their scope of license
- Enrollment as a rendering Medicaid provider is not required, and is up to the discretion of the individual provider
  - If providers are not Medicaid enrolled, school is responsible for OIG vetting, etc.
- If providers are individually enrolled with Medicaid, they need to have a group affiliation (such as an LEA)
- To enroll in Medicaid, providers must have an NPI.

INITIAL EVALUATION AND ORDERS

The initial evaluation is performed by the School through an IEP, 504 or Care Plan

Evaluation includes:
- Examination and in-depth evaluation,
- Documentation of problem/diagnosis, and
- Development of management plan for services that are deemed medically necessary

Medically necessary services must be ordered by a:
- Physician (MD)
- Advance Practice Registered Nurse (APRN)
- Physician's Assistant (PA) as delegated by a supervising MD

The IEP, 504 or Care Plan:
- Includes all medical services required
- Must show medical necessity
- Includes dates of service per designated plan
- Frequency and duration for each service
- Parent signature

Orders (can be the IEP, 504, or Care Plan, OR a separate document) must include:
- MD, APRN or PA signature
- Dates of coverage (no more than 1 year - beginnning and end)
- Frequency and duration for each service

All services provided must be documented.

TYPE OF SERVICE / BILLABLE SERVICES / PROVIDERS

PROVIDERS
Must have active license or certification in NH, and only order services within scope of practice

NURSING

Covered billable services include:
- Nursing Assessments or treatments performed by a licensed registered nurse (RN), licensed practical nurse (LPN), or APRN
- Administration of medication(s);
- Positioning/repositioning;
- Assistance with specialized feeding programs;
- Management and care of specialized medical equipment
- Observation of students with chronic medical illnesses to assure that medical needs are being appropriately identified, addressed, and monitored; and
- Other services determined by a RN, LPN, or APRN to be medically necessary and appropriate. (He-W 589.04(k))

SUPERVISEES

Registered Nurse (RN) / Advanced Practice Registered Nurse (APRN)
- Licensed Practical Nurse (LPN)
- Licensed Nursing Assistant (LNA)
- Rehabilitative Assistant
- Medication Nursing Assistant (MNA) (RSA 326-B:2, RSA 326-B:3, 404.07, 404.09)
- Licensed Nursing Assistant (LNA)
- Rehabilitative Assistant
- Medication Nursing Assistant (MNA) (RSA 326-B:2, RSA 326-B:3, 404.07, 404.09)

PHYSICAL THERAPY

Covered billable services include evaluations to determine a student's level of physical functioning, including performance tests to measure strengths, balance, endurance, and range of motion;
- Treatment services, evaluations, or assessments which might utilize therapeutic exercises or the modalities of heat, cold, water, and electricity, for the purpose of preventing, restoring, or alleviating a lost or impaired physical function;
- Other services, including supplies and equipment, determined by a physical therapist to be medically necessary and appropriate for a student's physical therapy; and
- Physical therapy services performed by a physical therapy assistant carrying out a therapy plan developed by the physical therapist.

Physical Therapist (can order for PT Services)
- Physical Therapy Assistant
- Physical Therapy Aide
- Rehabilitative Assistant

OCCUPATIONAL THERAPY

Covered billable services include implementation of a program of activities to develop or maintain adaptive skills necessary to achieve adequate and appropriate physical and mental functioning of a student, including:
- Evaluations, treatment, or assessments performed by an OT of students whose abilities to carry out age appropriate tasks are threatened or impaired by physical illness or injury, mental illness, emotional disorder, or congenital or developmental disability;
- Supplies and equipment necessary to provide the covered OT services as recommended by an OT; and
- OT services performed by an occupational therapy assistant carrying out a therapy plan developed by the OT. (He-W 589.04(n))

Occupational Therapist (medically necessary services require order from MD, PA, chiropractor, APRN, optometrist, or other provider eligible to order services)
- Occupational Therapy Assistant (OTA)
- Rehabilitative Assistant

PSYCHIATRY

Covered billable services include psychiatric evaluation and diagnosis; and psychiatric treatment. (He-W 589.04(y))

- Psychiatrist
- Psychiatric Advance Nurse Practitioner

PSYCHOLOGICAL

Covered billable services include evaluation, diagnosis, treatment, and counseling of mental or emotional illnesses, symptoms, or conditions.

Covered billable categories of psychological services include the following:
- Psychological testing and evaluation;
- Psychodiagnostic testing;
- Psychological counseling, individual treatment;
- Psychological counseling, group treatment; and
- Family counseling, during which the student shall be present in 51% of the counseling session. (He-W 589.04(ab))

- Psychologist
- School Psychologist - Doctoral or School Psychologist - specialist (may order for psychology services
- Psychiatric Advance Nurse Practitioner
- Master Licensed Alcohol and Drug Counselor (MLADC) for co-occurring mental health and substance use disorders (He-W 589.04 (z)-(aa))

OTHER MENTAL HEALTH SERVICES, INCLUDING SUBSTANCE USE DISORDER

Covered billable services may include but not be limited to:
- Behavior management;
- Individual counseling;
- Group counseling;
- Family counseling, during which the student shall be present at 51% of the counseling session; and
- Crisis intervention. (He-W 589.04(ac))
- Substance use disorder (SUD) services

- Clinical Social Worker (CSW)
- Clinical Mental Health Counselor (CMHC)
- Master Licensed Alcohol and Drug Counselor (MLADC)
- Psychotherapist (a licensed clinical social worker, pastoral psychotherapist, clinical mental health counselor, or marriage / family therapist licensed under RSA 330-A, psychiatrists, psychiatric nurse practitioners, and psychologists, school psychologists, or associate school psychologists licensed by the board of psychology under RSA 329-B "mental health practitioner" (He-W 589.02 (w))
- Clinical Mental Health Counselor (CMHC)
- Clinical Social Worker (CSW)
- Licensed Alcohol and Drug Counselor (LDAC)
- Certified Recovery Support Worker (CRSW)

APPLIED BEHAVIOR ANALYSIS (FOR STUDENTS WITH AUTISM)

Covered billable services may include
- Functional assessments and treatment deemed medically necessary to produce socially significant improvement in behavior or prevent loss of attained skill or function
- Coverable under 1905(a) of the Social Security Act. https://www.Medicaid .gov/Federal-Policy; Guidance/Downloads/CIB-07-07-14.pdf; https://iod.unh.edu/sites/default/files/media/Resources/ aif.pdf; http://www.gencourt.state.nh.us/rsa/html/XXXV/II417-E/417-E-2.htm

- Board Certified Behavior Analyst (BCBA), must meet supervision requirements from the Behavior Analysis Certification Board (BABC)
- Registered Behavior Technician

SPEECH, LANGUAGE, AND HEARING

Covered billable services include services, supplies, or equipment ordered by a MD, APRN, or PA, licensed audiologist or licensed speech-language pathologist to be medically necessary' for the evaluation, diagnosis, or treatment of speech, language, and hearing disorders which result in communication disabilities.

Covered billable services of speech, language, and hearing services include the following:
- Individual speech, language, or hearing evaluation;
- Speech, language, or hearing therapy, individual treatment;
- Speech, language, or hearing therapy, group treatment; and
- Supplies and equipment necessary for the provision of covered speech language and hearing services. (He-W 589.04(an))

- Audiologist
- Speech Language Pathologist
- Speech Language Assistant
- Rehabilitative Assistant

VISION

Covered billable services include those provided for the prevention or rehabilitation of visual impairment or restoration of a student with a visual impairment to his or her best possible functional level and be provided by an optometrist, ophthalmologist, or optician. (He-W 589.04(ao)), and may include examinations, prescriptions, evaluations, and supplies and equipment

- Optometrist

REHABILITATIVE ASSISTANCE

Covered medical services benefit may include:
- Mobility assistance
- Communication assistance
- Behavioral management assistance
- Nutrition/feeding assistance
- Cuing, prompting, guiding
- Assistance with adaptive, assistive devices, DME
- Med administration with appropriate authority and training
- Maintenance of safe environment

Provision of rehabilitative assistance services shall be reviewed by a licensed clinician designated by the enrolled school provider's care plan team every 30 days.

- Individuals with medically-related services require orders from MD, PA, APRN, optometrist, or other provider eligible to order services

Specialized Transportation Services

Covered billable services include:

Transportation to and from school - only on a day when the student receives a Medicaid coverable service at school during the school day; and
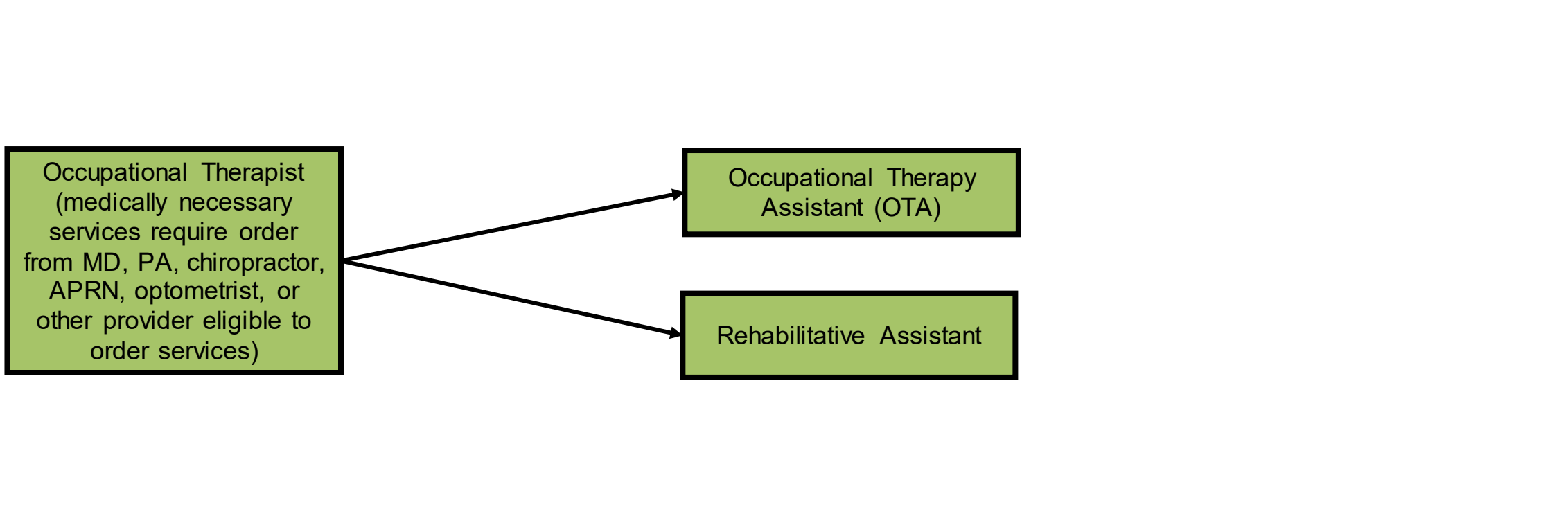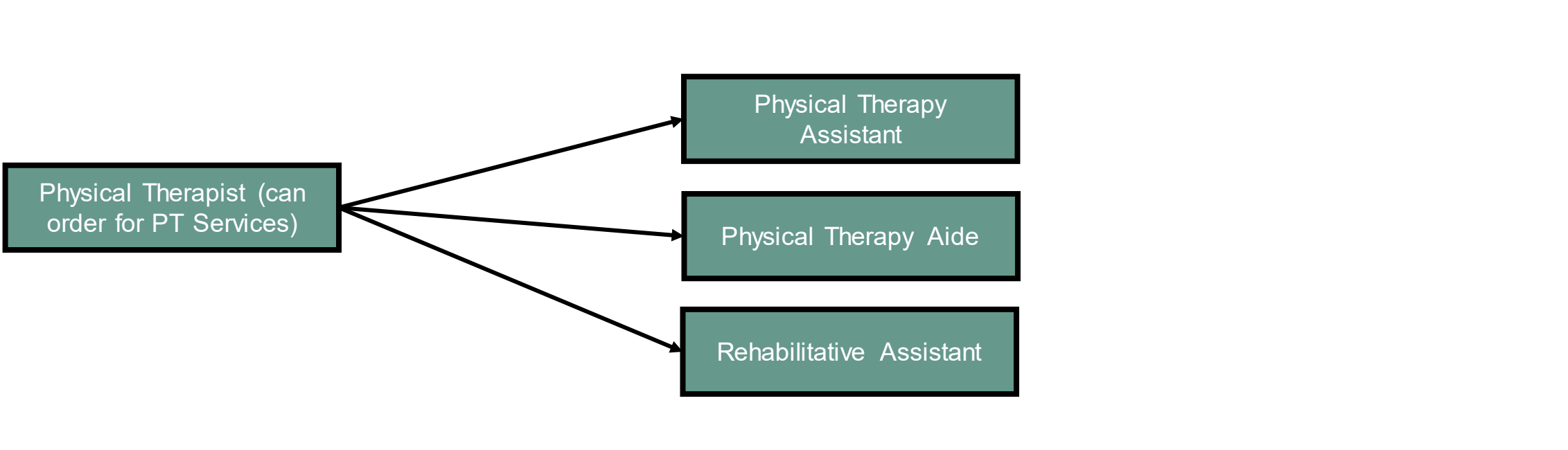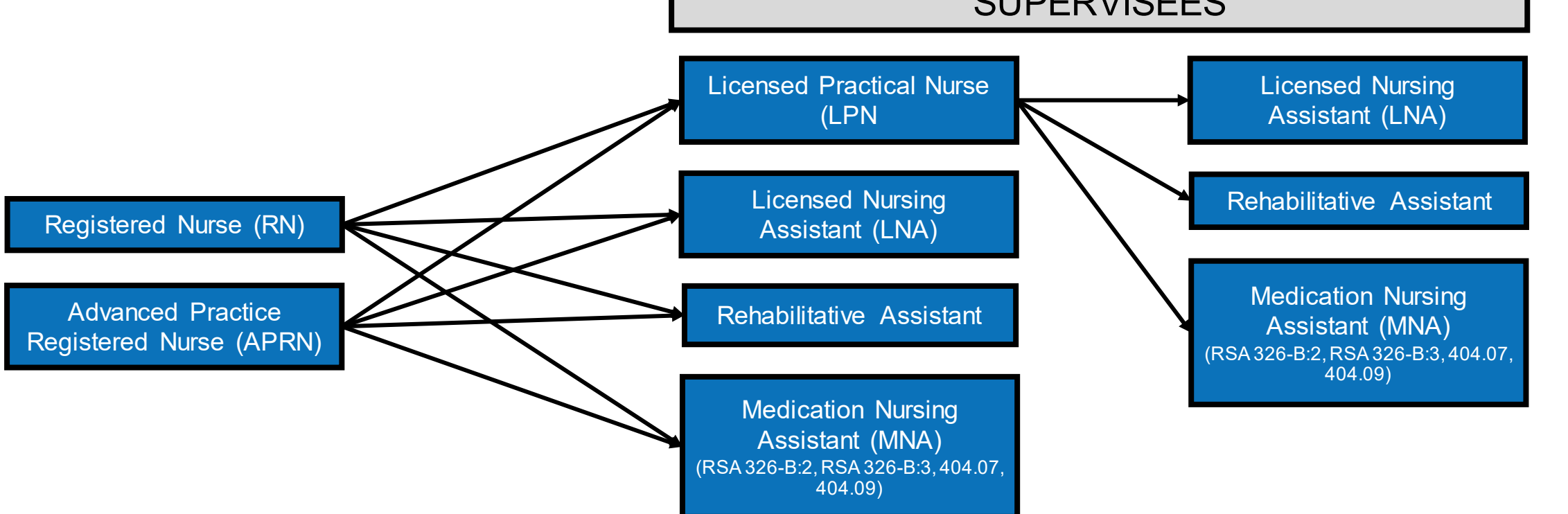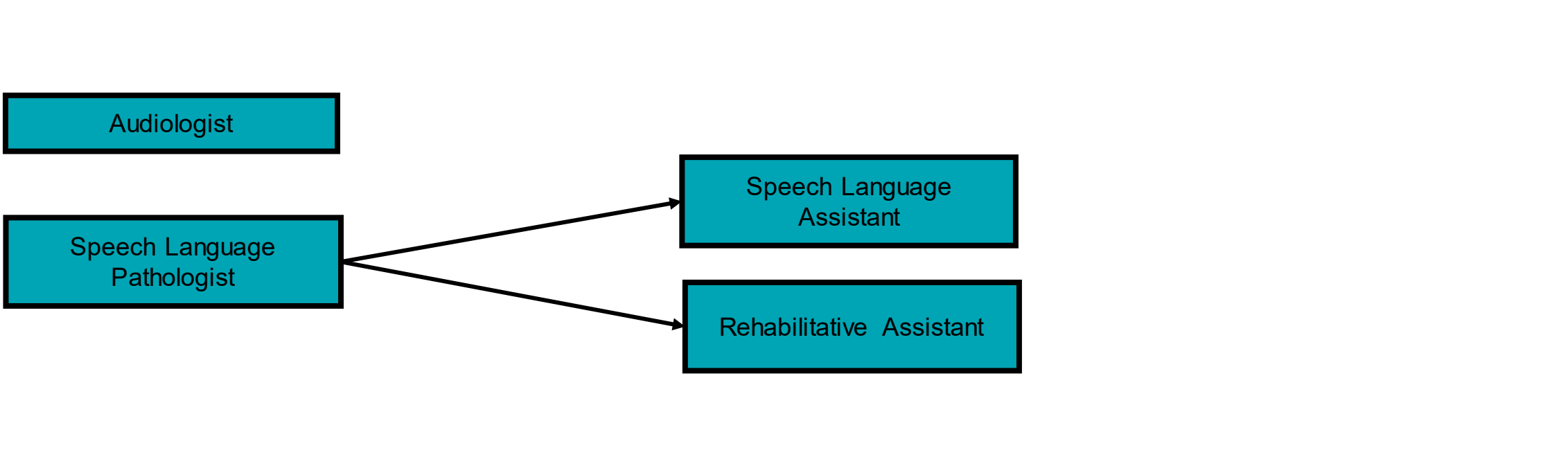
Transportation to and from a Medicaid coverable service in the community during the school day.

Transportation is considered a 'required service' if the student:
- requires transportation in a vehicle specially adapted to serve the needs of the disabled student, including a specially adapted school bus; or
- resides in an area that does not have school bus transportation, such as those areas in close proximity to a school, but has a medical need for transportation noted in the IEP

ADDITIONAL SERVICES AND INFORMATION

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

Includes comprehensive and age-appropriate medical assessments and screenings of a student's physical and mental status, including vision and hearing screenings.

Examples of services that **CAN BE COVERED** as EPSDT under the rules (He-W 546):
- Rehabilitative assistance services
- Applied behavior analysis;
- Personal care services for individuals under the age of 21;
- Wrap around services;
- Case management services; and
- Other optional services listed in 1905(a) of the Social Security Act and not included in the NH Medicaid state plan or included as a covered service under this part. (He-W 589.04 (ap)-(ar))

EPSDT services **NOT SUBJECT TO PRIOR AUTHORIZATION**:
- Rehabilitative assistance services;
- Applied behavior analysis; and
- Personal care services for individuals under the age of 21. (He-W 589.04(as))

SUPPLIES AND EQUIPMENT

Covered billable supplies and equipment must be ordered by a qualifying provider and acquired for the use of a specific student;

When purchased, be the property of the student and his or her family; and When rented or acquired through a used equipment exchange program, be the property of the student and his or her family during the period used. (He-W 589.04(d))

DME and Augmentative and Alternative Communication (AAC) devices and aids shall be provided by a qualified DME provider. (He-W 575, He-W 589.04(e)-(f))

NON-COVERED SERVICES

- Not listed in a student's care plan;
- Not coverable under the Social Security Act and for which no FFP is available for said service;
- Performed by unqualified individuals pursuant to the Social Security Act, or services delivered by provider types not approvable under the Social Security Act to provide Medicaid services;
- Consultations, visits, trainings, meetings, or discussions between healthcare providers or individuals in which the student was not physically present for at least 51% of the time;
- Non-covered pursuant to rules in He-W 500 and are not covered under EPSDT;
- Supported employment such as vocational goals and job tasks;
- Solely educational, remedial education, or vocational instruction or tutoring;
- Performed by educators or individuals who are not healthcare clinicians such as teachers of the visually impaired or deaf unless the individual: 1) has a valid healthcare license issued by the appropriate licensing board, commission, or council and is acting within the scope of his or her license; 2) is a rehabilitative assistant providing rehabilitative assistance services pursuant to He-W 589.04(af)-(aj); or 3) currently holds a certification as a BCBA;
- Leisure and social activities that are non-medical;
- General supervision of a student as required for any student based on the student's development and for non-medical reasons;
- Services that are solely personal care services delivered by a legally responsible family member pursuant to 42 CFR 440.167;
- Performance of tasks for the sole purpose of assistance with completion of educational assignments;
- Services provided in the community under a Medicaid waiver;
- Medicaid state plan services only provided under the 1915(i) provisions of the Social Security Act;
- Day care;
- Teaching parenting skills;
- Review of records, documentation development, or report writing;
- Attending meetings, including individualize education program meetings and IEP team meetings;
- Parent consultations, contacts, or trainings;
- School guidance counselor services; and
- Services requiring the technical or professional skill that a state statute or regulation mandates shall be performed by a health care clinician licensed or certified by the state. (He-W 589.05(a)-(v))