



New Hampshire Medicaid to Schools

Documentation Requirements

He-W 589.03, He-W 589.06(d), He-W 520

10/3/2025



Department of
**HEALTH &
HUMAN SERVICES**

Division of
Program Quality
and Integrity



Agenda

- The Different Types of Audits/Reviews Conducted by DHHS
- Documentation Requirements
- Medical Necessity
- Plan of Care
- Office of Inspector General (OIG)/List of Excluded Individuals and Entities (LEIE)
- 30 Day Reviews
- Q&A



The Different Types of Audits/Reviews Conducted by DHHS

Program Integrity				Financial Compliance Unit	
Timeframe		1 Year		3 Months	
Sample Size		Minimum of 20 Students		10% With Cap of 20 Students	
Clinical Review		Yes		No	
Recoupment/Payback		Circumstantial		Required	
*Audit Based On		Referrals or Anomalies		Rotation	
<p>* MTS audits are federally mandated. There are two (2) units within the NH Department of Health and Human Services that conduct audits. The Financial Compliance Unit (FCU) monitors for claims and rule compliance requirements. The Program Integrity Unit identifies, investigates and prevents Medicaid provider “fraud, waste, and abuse.”</p>					
NH Department					



Subpart F—Refunding of Federal Share of Medicaid Overpayments to Providers

- **§ 433.300 Basis.**
- This subpart implements—
- (a) Section 1903(d)(2)(A) of the Act, which directs that quarterly Federal payments to the States under title XIX (Medicaid) of the Act are to be reduced or increased to make adjustment for prior overpayments or underpayments that the Secretary determines have been made.
- (b) Section 1903(d)(2)(C) and (D) of the Act, which provides that a State has 1 year from discovery of an overpayment for Medicaid services to recover or attempt to recover the overpayment from the provider before adjustment in the Federal Medicaid payment to the State is made; and that adjustment will be made at the end of the 1-year period, whether or not recovery is made, unless the State is unable to recover from a provider because the overpayment is a debt that has been discharged in bankruptcy or is otherwise uncollectable.
- 42 CFR 433.316 When discovery of overpayment occurs and its significance.
- (a) General rule. The date on which an overpayment is discovered is the beginning date of the 1-year period allowed for a State to recover or seek to recover an overpayment before a refund of the Federal share of an overpayment must be made to CMS.



Centers for Medicare & Medicaid Services

Medical Necessity

- Medical necessity is a standard that is being used by Medicaid to decide whether to cover a health-related service.
- Medical necessity is determined at the time of creation of the Individualized Education Program (IEP), Section 504 plan, or Health Care Plan.
- Reimbursement is allowable only for medically necessary services.
- Address the use of the radio button on the IEP for medical necessity. Ensure that it is used correctly by staff



Plan of Care

He-W 589.04

Care plan means a written health care plan, including, but not limited to, an individualized education program or a 504 plan, which is maintained in the student's file and documents and supports the medical necessity of all claims to NH medicaid for FFP.



Services being billed to Medicaid must be referenced in the student's plan of care, consistent with requirements of a student's:

IEP
504 Plan
Health Care Plan



The List of Excluded Individuals/Entities (LEIE)OIG General Information

- OIG has the authority to exclude individuals and entities from Federally funded health care programs pursuant to section [1128](#) of the [Social Security Act](#) (Act) (and from Medicare and State health care programs under section [1156](#) of the Act) and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities (LEIE).
- Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP).
- State and federal rules and regulations prohibit health care providers and entities from employing or entering into contracts with excluded individuals or entities to provide items or services to Medicaid members.
- ***To avoid CMP liability, health care entities must routinely check the list to ensure that new hires and current employees are not on it.***



OIG LEIE Guidance For Medicaid to Schools



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

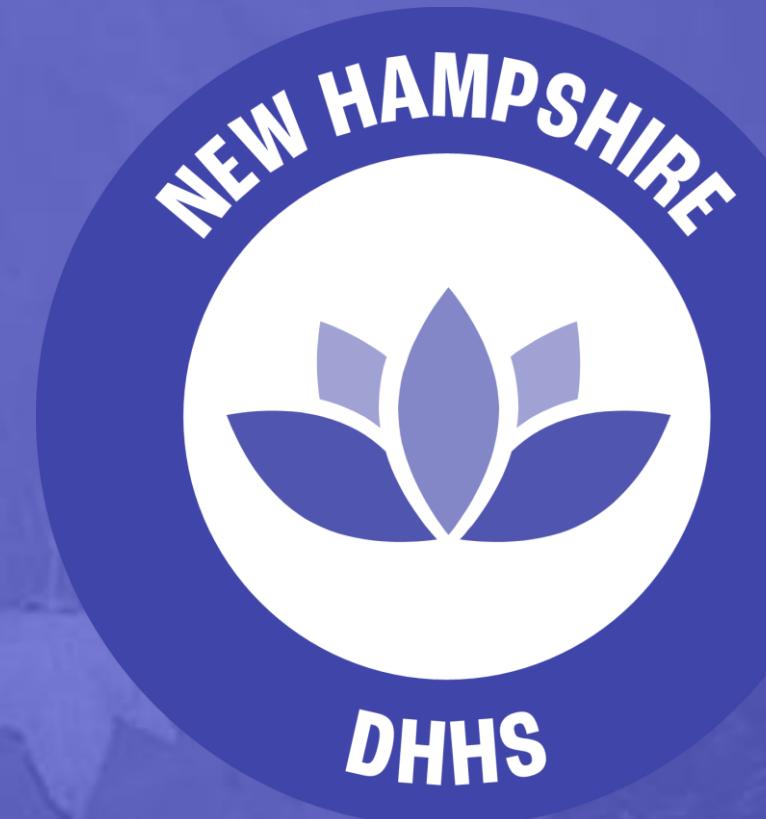


Contractors: Schools are responsible for verifying licensure, certification, and OIG exclusions for all providers, whether those providers are contractors or work directly for the school. Contractors shall not bill directly for medical services provided in the school setting.



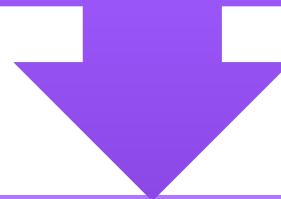
Rehab Assistant (RA) 30-Day Reviews

10/3/2025



Supervision/Review Requirements for Non-Licensed Rehab Assistants

Supervisor should evaluate and document RA level of competency and develop trainings to ensure the ability of the RA to perform tasks outlined in the plan of care.



Every 30 days the supervisor must evaluate the RA performance of assigned tasks. Documentation should include:

Planned date of the session;	Whether the session was held;	If not, reason for cancellation.
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- Unlicensed staff must be supervised periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. The supervision of the unlicensed personnel must be done by staff of the school having the authority, skills, and ability to provide the supervision of unlicensed personnel and who can implement changes as needed, and train staff.
- Supervision includes direct observation of unlicensed personnel while the unlicensed personnel are providing the services and may also include indirect methods of gaining input such as gathering feedback from other staff. Supervisory review of staff must be provided at a frequency based on the administrative rule at a minimum.



30-Day Review Documentation Requirements

He-W 589.04(aj)



The type of contact i.e. face to face, observation, telephone call



Areas covered i.e. duties and expectations, skills development



List of trainings completed within past 30 days



Issues identified, if any and action to be taken



Date of current session



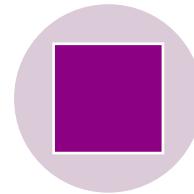
Date of next session



Attestation that the services were provided



Licensed clinician signature and attestation that the services were conducted in accordance with care plan



NOTE: Transaction logs do not qualify as 30-day reviews. They are only used for billing purposes.



ACCEPTABLE 30-day Rehab Assistant Review

This meets the requirements of He-W 589.04(aj)

- An evaluation of Rehab Assistant services shall be performed by a licensed clinician every 30 days
- Describes the type of contact
- Describes activities performed by the RA
- Describes the effectiveness of activities as they relate to the care plan
- Contains the review date
- Contains the date of the next review
- Signed and dated by the licensed clinician

30 DAY REHABILITATIVE ASSISTANCE REVIEW LOG



SCHOOL/ DISTRICT	[REDACTED] School		
LICENSED CLINICIAN	[REDACTED]		
REHABILITATIVE ASSISTANT	[REDACTED]		
STUDENT SAU			

- 30 DAY REVIEW DATE 9/17/21
o Completed / N If No, Reason for cancellation:

- MEETING TYPE
 Face to Face Virtual Synchronous Meeting
 Phone Call Observation

AREAS COVERED [duties and expectations, skills development]	REHABILITATIVE ASSISTANCE TRAINING [completed in last 30 days or N/A]
<u>Communication</u>	<u>encouraged RA to increase aided language input.</u>

ISSUES IDENTIFIED WITH EFFECTIVENESS OF RA IF ANY WERE IDENTIFIED, PLEASE DESCRIBE AND IDENTIFY ACTION TAKEN TO RECTIFY	
[REDACTED]	

NEXT 30 DAY REVIEW DATE Oct. 2021

LICENSED CLINICIAN SIGNATURE [REDACTED] CCC-SP DATE 9/17/21





Thank you! It's Time for Q&A

Contact:

Karen Carleton, Program Administrator

Medicaid Program Integrity Unit

MTS@dhhs.nh.gov

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