



# New Hampshire Medicaid to Schools

Specialized Transportation & Common Documentation Errors

November 7, 2025



Department of  
**HEALTH &  
HUMAN SERVICES**

Division of  
Program Quality  
and Integrity



# Agenda

- Specialized Transportation
- Frequent Audit Findings
  - Billing Errors
  - Documentation Mistakes
  - Rehab Assistants
- Questions from October — Answered
- Future Lunch & Learn for Clinicians



# Specialized Transportation

November 7, 2025

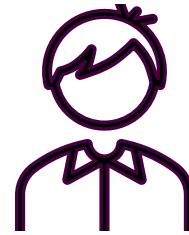


# Specialized Transportation

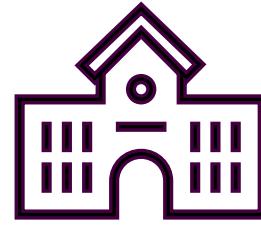
## He-W 589.04 (au)



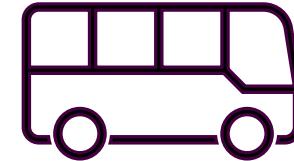
- **Transportation shall be listed in the student's IEP as a required service**



- **Transportation shall be considered a required service if:**
  - a) The student requires transportation in a vehicle specially adapted to serve the needs of the disabled student, including a specially adapted school bus; or
  - b) The student 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 that is noted in the IEP



- **The following transportation may be billed as a Medicaid service:**
  - a) Transportation to and from school only on a day when the student receives a Medicaid coverable service at school during the school day; and
  - b) Transportation to and from a Medicaid coverable service in the community during the school day



- **The student shall be physically in the vehicle for the transportation to be billable to Medicaid**



# Transportation Providers Shall Maintain a Daily Transportation Log to Include:



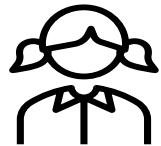
- Student's name
- Date of service
- Clear indication that the student is being transported either one-way or round-trip
- The total number of students on the bus, both in the morning and the afternoon
- The total miles the bus traveled, both in the morning and the afternoon
- Driver's name
- Driver's signature



# Calculating Miles



Miles are calculated based on the total number of students on the bus both in the morning and the afternoon and the total miles the bus traveled both in the morning and the afternoon. *He-W 589.04 (au)(5 )*.



Divide the total miles by the total number of students, regardless of Medicaid eligibility.



Example: Four students on the bus, two have Medicaid. The bus drives 40 miles. Divide 40 by the four total students for 10 miles per student.

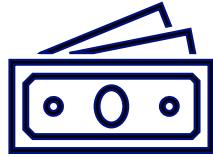


# Frequent Audit Findings

November 7, 2025



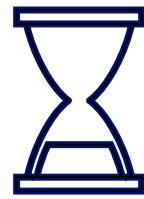
# Frequent Audit Findings - Billing Errors



- Billed the wrong procedure code



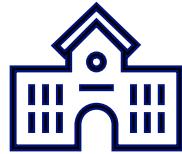
- Billed for services when student was absent



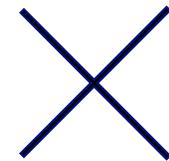
- Billed 15 minutes of service as 30 minutes



- Overbilled the number of units, or service was billed twice



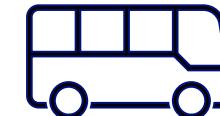
- Several school districts billed the same service



- Service was billed under the wrong school district



- Billed for services not included on logs

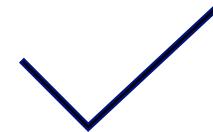


- Billing for transportation when there is not a Medical service that day

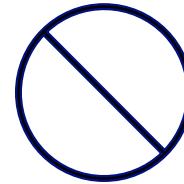
# Frequent Audit Findings - Documentation Mistakes



- Logs were not submitted



- Provider credentials were not submitted



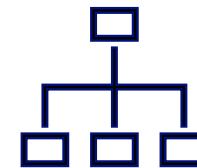
- Provider not qualified



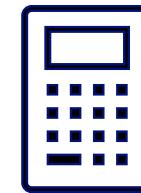
- Parental Consent not submitted or dated after service delivery



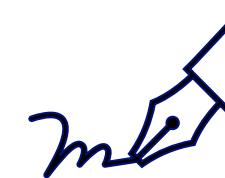
- Monthly OIG exclusion list screenings were not conducted



- 30 Day Supervision



- Calculation of transportation costs



- No provider signature on log or signature was photocopied and used on multiple logs



# Rehabilitative Assistance Services

He-W 589.04(af)

**Rehabilitative assistance services shall include the following:**

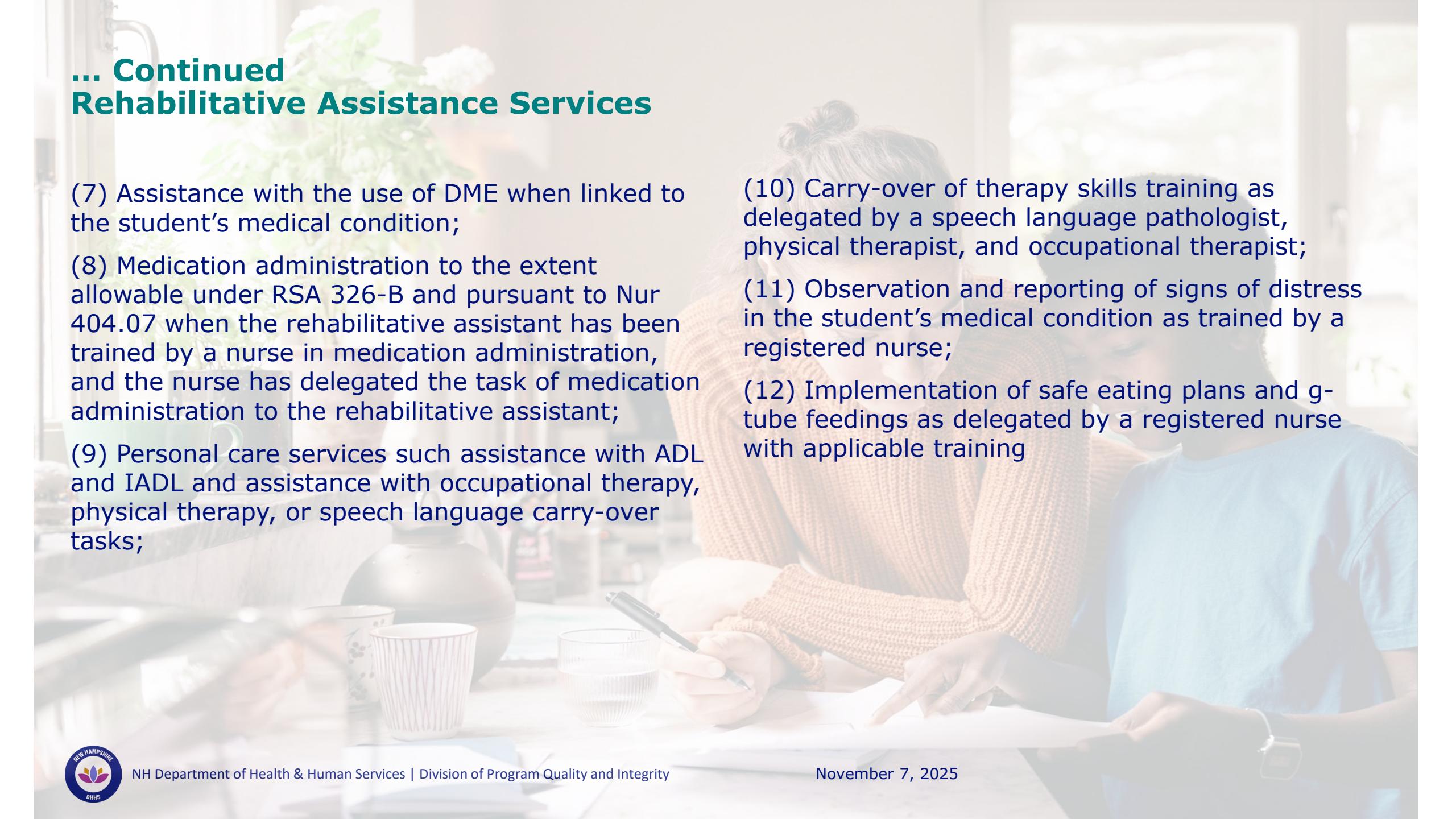
- (1) Mobility assistance such as positioning, transfers, correct application of ankle-foot orthosis, bracing or orthotic devices, range of motion, fall prevention, safety risk precautions, and physical therapy carry-over tasks as directed by the licensed physical therapist;
- (2) Communication assistance such as assistance with sign language, prompting to facilitate expressive and receptive language, assistance with AAC devices and other such devices that ameliorate communication limitations, and speech language carry-over tasks as directed by the licensed speech language pathologist;
- (3) Assistance with the implementation of behavioral management plans to increase adaptive behavioral functioning and carry-over tasks as directed by the mental health practitioner or BCBA;

- (4) Nutrition such as assistance with eating, cutting food, food preparation, and safe eating plan carry-over tasks as directed by the speech language pathologist or occupational therapist;
- (5) Cueing, prompting, and guiding, when provided as part of the assistance with ADLs, communication, or behavior management;
- (6) Assistance with adaptive or assistive devices when linked to the student's medical condition;

Continued on next slide...



## ... Continued Rehabilitative Assistance Services

A photograph showing a woman with long dark hair tied back, wearing a yellow ribbed sweater, sitting at a table and writing in a notebook with a pen. A man in a blue t-shirt is seated next to her, looking towards the camera. On the table in front of them are two white paper cups with floral designs, a small glass, and a dark bottle. The background is slightly blurred, showing an indoor setting.

- (7) Assistance with the use of DME when linked to the student's medical condition;
- (8) Medication administration to the extent allowable under RSA 326-B and pursuant to Nur 404.07 when the rehabilitative assistant has been trained by a nurse in medication administration, and the nurse has delegated the task of medication administration to the rehabilitative assistant;
- (9) Personal care services such assistance with ADL and IADL and assistance with occupational therapy, physical therapy, or speech language carry-over tasks;
- (10) Carry-over of therapy skills training as delegated by a speech language pathologist, physical therapist, and occupational therapist;
- (11) Observation and reporting of signs of distress in the student's medical condition as trained by a registered nurse;
- (12) Implementation of safe eating plans and g-tube feedings as delegated by a registered nurse with applicable training



# 30-day Rehab Assistant Reviews

## He-W 589.04(aj)

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. Such review shall include review of the activities performed by the rehabilitative assistant and the effectiveness of the activities as observed by the rehabilitative assistant. As part of the review, the care plan team designated licensed clinician shall sign the documentation of the service transaction logs to attest that the service was actually provided and shall provide review and signature that the activities have been conducted in accordance with the care plan.



For additional guidance refer to the Medicaid to Schools Provider Manual Volume II, March 2024, pages 13-14.



# Example of a 30-day Rehab Assistant Review with Best Practices Recommended by MTS Billing Manual

Student Name	Name of Rehab Assistant	Date of Meeting	If no meeting, reason for cancellation	Type of Contact	Name of Licensed Clinician Supervisor	
Kim Brown	Judy Jones, RA	11/1/2025	N/A	<input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Virtual	Lori Miller, PT	
Activities Performed by the R.A. According to the Care Plan/IEP	Effectiveness of Activities	Issues Identified and Action to be Taken	List of RA Trainings Completed within Past 30 days, if applicable	Date of Next 30-day Review	Signature of Supervising Clinician	Date of Signature
Head & body positioning and range of motion carry-over	<input type="checkbox"/> Great <input type="checkbox"/> Good <input checked="" type="checkbox"/> Slow	Discussed additional stretching exercises to increase head/neck & trunk control	N/A	12/1/2025	Lori Miller, PT	11/1/2025



# Example of Incomplete Rehab Assistant Service Log

**2021-2022**

Rehabilitative Assistance must be recommended by a licensed practitioner of the healing arts and specified in the student's IEP. 2022

Student Full Legal Name: [REDACTED]  
Student DOB: 7-26-2011  
District of Liability: SAD [REDACTED]

Month of Service: April 2022  
Setting: [REDACTED]  
School/Residence (Circle one): [REDACTED]

Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
# of Units*	6	/	/	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
RA Initials	[REDACTED]																																

**Service Code**   **Description**   **Unit Designation**  
I Individual Treatment/Therapy/Services   1 unit = 1 hour

Unless so noted, school was in session and student was in attendance on all days recorded above. I/We have edited this form to correctly reflect services delivered on the above dates.

Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
Signed*: [REDACTED]	Initials: [REDACTED]	Printed Name: [REDACTED]	Date: 4/30/2022
<b>Rehabilitative Assistant(s)</b>			
I certify that activities being billed under rehabilitative assistance for the above student on the dates specified, for which I am knowledgeable of the service provision, and provide weekly consultation to the aide(s), are <b>not</b> classroom instruction or academic tutoring, but are therapeutic in nature and are necessary for the maximum reduction of the student's physical/mental disabilities.			
Lic. Practitioner Signature*: [REDACTED]		License/Certification/DOE Endorsement*: [REDACTED]	Date: 05/17/2022
Lic. Practitioner Printed Name: [REDACTED]			

\*Original, handwritten signature(s) required

<sup>a</sup>E.g., School Guidance Counselor, RN, etc.

Are part of the 30-day R.A. review.

Issues with this transaction log:

- Missing time in/time out
- Missing clear description of R.A. activities



Medicaid requires the description of services performed, the amount of time services took to perform, and how they contributed to the student's care plan or IEP goals.



For additional guidance refer to the Medicaid to Schools Technical Assistance Guide, Published May 3, 2022, pages 45, 69 & 78.



**Questions from October  
— Answered**

**JSI to Distribute Them**

November 7, 2025



# Lunch & Learn for Clinicians

November 7, 2025





# Thank you! It's Time for Q&A

## Contact:

Karen Carleton, Program Administrator  
Medicaid Program Integrity Unit  
[MTS@dhhs.nh.gov](mailto:MTS@dhhs.nh.gov)



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