

October 3, 2025
 MTS Collaborative Meeting
 Bureau of Program Integrity Presentation's Q & A

Medical Necessity ('Y/N') listed in the NH Special Education Information System (NHEIS) IEP template.	
Question(s)	Comment(s)
<p>1</p> <p>Is it required for the 'Medical Necessity' Y/N button to be selected in the NHEIS' IEP?</p> <hr/> <p>If a child has an order, then the 'Medical Necessity' box should be checked in the eyes of the auditor?</p>	<ul style="list-style-type: none"> • No. NHEIS is NH's official Special education database. The 'Medical Necessity' radio button has no relevance in the IEP. • NHED uses information entered into NHEIS for consideration of SPED AID. It is crucial that the data entered be accurate and up to date.¹ • The "Y/N" button attempted to simplify billing for Medicaid services based on the IEP; however, it unintentionally increased confusion and reduced access to federal reimbursement. • Show medical necessity with backup documentation. • NH should remove or reconsider the purpose of the 'Y/N' button in the IEP template. <p>1. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/sped-aid-manual.pdf</p>
<p>School experiences with audit findings around 'Medical Necessity' Y/N button</p> <ul style="list-style-type: none"> • Schools shared conflicting guidance between auditors and NHED <ul style="list-style-type: none"> ○ Auditors requested that this not say "N" (for Audits). ○ NHED/LEA requested this to say 'N' because medical necessity is not an option in an IEP. ○ The form defaults to "N" if left blank, increasing confusion across agencies • One school pushed back on this audit finding by explaining that the information documenting medical necessity is located in the body of the IEP. • One school had a similar situation, and when we addressed it with Program Integrity, we were able to walk them through the process, resulting in no payback. 	

- Suggestion to remove the box from the grid to avoid this confusion

Clinical Documentation Requirements

Question(s)	Comment(s)
<p>2 Specify the required scope and content of clinical documentation support for related service providers and rehab assistants.</p> <p>Define "clinical documentation" for all school district providers?</p> <p>Clarify the required clinical documentation for rehab assistants.</p> <p>Specifically, how RA clinical documentation is the actual task compared</p>	<p>PT, OT, and Speech have their own clinical documentation, documenting what they do each session with a student. Any evaluations and assessments can be classified as their own documentation if they are discussing care, treatment, and goals.</p> <p>Clinical documentation is the actual task that the RA is doing, compared to the treatment plan. When filling out the components, clinical documentation includes information on what was performed for the service, in addition to the transaction logs. Self-care needs and working with a communication device are examples of such services.</p>

	to the treatment plan.	
3	<p>Clarify the required clinical documentation for transportation.</p> <hr/> <p>What is needed in a transportation Log from a contracted employee?</p>	<p>For required documentation for specialized transportation, refer to the following sources:</p> <ul style="list-style-type: none"> • He-W 589.04(au) as can be read below • He-W 589.06 • Informational Bulletin SFY 2021-03; December 2020; Billing and Auditing Guidance mtspvolderguidancesfy2020-05.pdf • Medicaid to Schools Technical Assistance Guide, 2022 https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/nhmedicaidtoschoolstagaidefinal.pdf <p><u>He-W 589.04 Covered Services and Provider Qualifications</u></p> <p>(au) Specialized transportation shall be a billable service as follows:</p> <p>(1) Transportation shall be listed in the student’s IEP as a required service and the student shall be physically in the vehicle for the transportation to be billable to medicaid;</p> <p>(2) Transportation shall be considered a required service if:</p> <p style="margin-left: 40px;">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</p> <p style="margin-left: 40px;">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;</p> <p>(3) The following transportation may be billed as a medicaid service:</p> <p style="margin-left: 40px;">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</p> <p style="margin-left: 40px;">b. Transportation to and from a medicaid coverable service in the community during the school day;</p> <p>(4) The medicaid coverable service in (3)a. and (3)b. above shall be listed in the student’s IEP as a required service; and</p> <p>(5) In addition to the documentation required by He-W 589.06, transportation providers shall maintain a daily transportation log to include:</p> <p style="margin-left: 40px;">a. Student’s name;</p> <p style="margin-left: 40px;">b. Date of service;</p> <p style="margin-left: 40px;">c. Clear indication that the student is being transported either one-way or round-trip;</p> <p style="margin-left: 40px;">d. The total number of students on the bus, both in the morning and the afternoon;</p> <p style="margin-left: 40px;">e. The total miles the bus traveled, both in the morning and the afternoon;</p>



		f. Driver's name; and g. Driver's signature.
4	Clarify documentation requirements for related service providers, specifically their notetaking in quarterly progress reports. Can they combine the documentation by noting that they are in the quarterly notes?	Related service providers must have a copy of everything that is required as backup documentation in the student file in case of an audit. Schools must ensure that they get the notes from all providers.
5	What makes something medically necessary?	A medical professional (orderer) states that the service is required. An order shows that a service is medically necessary. The physician's order indicates that the services relate to the diagnosis and are medically necessary. This is in contrast to when services are provided for educational needs. There are multiple layers when a service is delivered in the school setting, where education, medical, and ancillary services are involved. The medical component is the physician's order for medically necessary service, and the educational components are a separate section to meet the needs of the child.
6	Where in the MTS Rule does it mandate that a student who is being provided services under IDEA must have	The MTS rule does not mandate but the HIPAA claims information requires a diagnosis code supporting the service:" requirements for ICD10 diagnosis on all Medicaid claims originates from the Health Insurance Portability and Accountability Act (HIPAA) and is enforced by the Centers for Medicare & Medicaid Services (CMS). All NH Medicaid services must be billed using the appropriate industry-standard diagnosis, revenue and procedure codes. One procedure or revenue code must be provided for each charge billed. For medical services, the NH Medicaid Program requires the Health Care Financing Administration Common Procedure Coding



	an ICD-10 code?	System (HCPCS) codes and modifiers. The most current version of the ICD-CM diagnosis code series should be utilized. Claims without the required diagnosis or procedure codes will be denied.
7	Do service providers need to retain data?	Yes, if you are creating the data, you should keep it for audit purposes.
Clinical Documentation Requirements, 30-Day Review		
Question(s)		Comment(s)
8	Does the 30-day review document found on the MTS Resources page cover documentation requirements? Will this document satisfy an audit if completed by the provider as described in slide 12 of the presentation?	The document does work for documented supervisory visit.
9	Can a team Designee(s) conduct a 30-day review covering multiple areas of service?	It depends on the provider's authorization to supervise. If a provider is permitted to supervise, it must be within their scope of practice. For instance, a Speech/Language Pathologist may supervise both a Speech/Language Assistant and a Rehab Assistant. Please refer to mts-provider-order-chart.pdf for a list of providers who are authorized to supervise and the individuals they are permitted to supervise.



	Example: SLP conducts 30-day review for Communication, OT, and/or Behavior.	
10	Did I hear you say that a check box that would populate the word "communication" isn't acceptable, and that a handwritten word "communication" would be accepted?	The word communication is too broad and does not explain the task that is being performed. Using the language from the IEP treatment plan will provide better language for the task to be provided. Exercises is another example that can be more specific in describing activity
The List of Excluded Individuals and Entities (LEIE) Screening Documentation		
Question(s)		Comment(s)
11	Is a punitive audit payback the default if a school has incomplete LEIE screening documentation, but no record of contractors against the LEIE	<p>Yes, schools are required to search the employee or contractor name on the HHS-OIG list of excluded Individuals and entities (LEIE) website monthly to validate their eligibility for Federal programs. This topic was discussed during the previous meetings for Medicaid to Schools and in the technical guidance and rule.</p> <p>Refer to: <u>He-W 589.04 Covered Services and Provider Qualifications</u></p> <p>(a) All enrolled school providers shall:</p> <p style="padding-left: 40px;">(3) Screen all performing-only providers for 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,</p>



	during the same audit timeframe?	<p>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 ;</p> <p>(4) Screen all performing-only providers 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;</p>
Questions regarding terms of use		
Question(s)		Comment(s)
12	Who are these employees (referring to rehab assistants)?	Rehabilitative Assistants are known as “para professionals” in the school environment. Rehabilitative assistants are a provider type recognized by Medicaid. Para professionals may provide ‘medically necessary’ services in the school setting based on the student’s IEP. With the required documentation, schools may bill for these services under the scope of a rehabilitative assistant.
13	Acronym check - FFP	<p>Federal Financial Participation (FFP) FFP is the federal government's share of costs for the Medicaid program. Under Medicaid, the federal government reimburses states for a portion of their Medicaid expenditures.</p> <p>The specific percentage a state receives, known as the Federal Medical Assistance Percentage (FMAP), varies based on a state's per capita income, with lower-income states receiving a higher federal share.</p> <p>NH's FMAP is 50%</p>

