

New Hampshire Medicaid to Schools

December 5, 2025



Department of
**HEALTH &
HUMAN SERVICES**

Division of
Program Quality
and Integrity



Agenda

- Qualifying Medicaid Services
- Authorizations and Orders for Medicaid to School Medical Services
- Behavioral Health Services (ABA)
- Grievance and Appeals



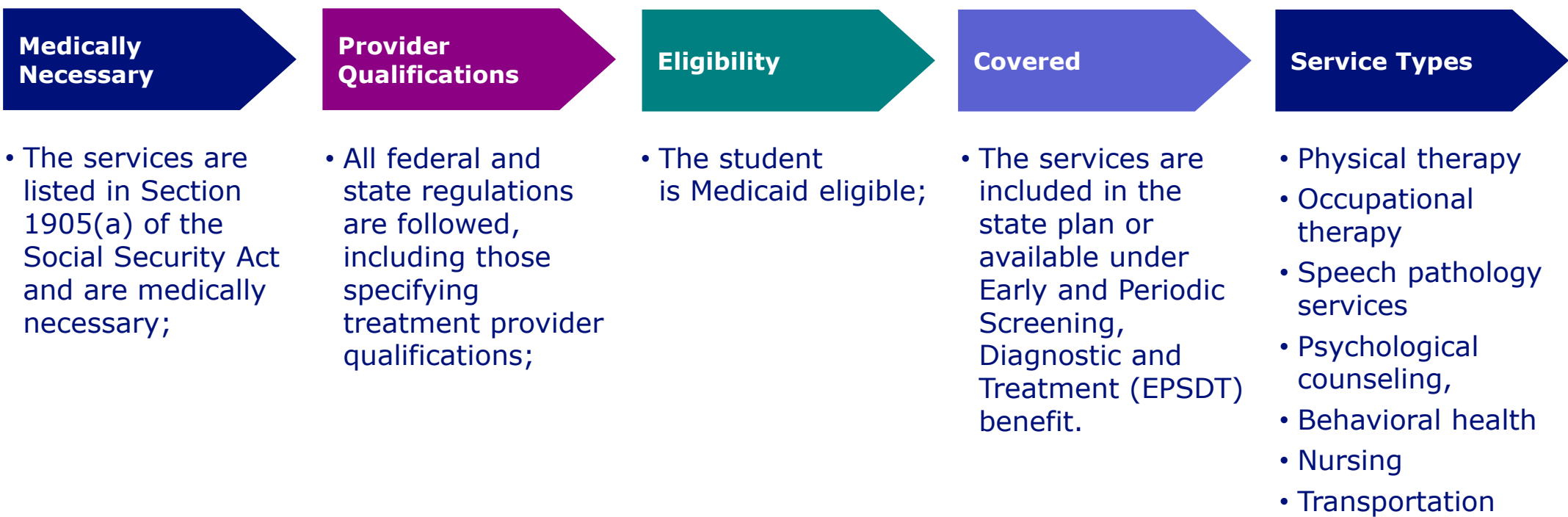
Qualifying Medicaid Services

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Qualifying Medical Services

NH Medicaid may cover services included in a Medicaid eligible student’s individualized education plan (IEP), Section 504 plan, or other written care plan when:



Authorizations and Orders

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Order Requirements for Qualifying Medical Services



The IEP team must recommend health-related services in an IEP or 504 plan or Health Care plan. Medical orders are necessary for medical services included in the child's plan.



Order must encompass the date of service for that service to be billed to Medicaid.



All orders must have a date span of no more than one year. If there is no date span, or the date span extends beyond one year, the orders are effective for one year from the date of the signature.



To be clear, the date span or date of signature must be on the order itself.



Be in place before services are billed.



Content of Order

All orders must:

- Include a description of medical condition or the ICD 10 to verify medical necessity.
- Describe the actual service needed i.e. occupational therapy, skilled nursing, etc.
- Be signed and dated by a physician, advanced practice registered nurse, physician assistant, or other licensed practitioner.
 - *Please consult the guidance issued by the Office of Professional Licensure and Certification for specific information regarding scope of practice and authority to order services.*



Ordering Providers



Order requirements are established in federal regulations and cannot be waived. Any provider that is licensed and able to order services would already have a National Provider Identifier (NPI). Some services are provided by an enrolled entity that can order as well as provide the service

DHHS has implemented the hard edit, Sept. 2021, which requires the ordering provider NPI of a Medicaid enrolled provider on the claim form.

It is the schools' responsibility to check MMIS for enrolled providers and add the NPI to the claim form.



Behavioral Health Services

December 5, 2025



BCBA Services

Provider Qualifications

Certification & Licensing

- BCBAs in NH are certified by the national Behavior Analyst Certification Board (BACB).
- They are not licensed under NH state law.
- BCBAs may enroll individually as Billing Individual Medicaid providers in NH.

Medicaid Coverage

- NH Medicaid does not officially list ABA as a billable service in the state plan or Fee-for-Service rules. They are covered under the EPSDT benefit.
- BCBA services are coverable under Section 1905(a) of the Social Security Act.
- States may cover ABA services even if not explicitly included in the Medicaid state plan.

School-Based Services

- ABA services delivered by a BCBA can be covered in schools if:
 - The service is medically necessary, and
 - Prior authorization is obtained under EPSDT (He-W 546).

Provider Qualifications

- BCBAs must hold BACB certification.
- Supervising BCBAs must have the appropriate supervisor-level certification.
- If RBT's present in schools, RBTs must receive a minimum of 5% of their total monthly work hours in supervision from a qualified supervisor.

Ordering Privileges

- Because BCBAs are not licensed in NH, they do not have ordering privileges.
- Licensed healthcare providers with ordering authority may order autism-related services such as ABA if it is within their professional scope of practice.



ABA Services in School vs. Home



Settings

- ABA delivered in school and ABA delivered at home/clinic are not considered duplicative.
- This is because the services occur in different settings, per RSA 186-C:29.1.
- Goals may be similar, but strategies differ based on the environment.



School-Based ABA

- Provided when ABA is medically necessary and written into the student's IEP.
- May include:
 - BCBA support
 - Staff training
 - School-based behavior interventions



ABA Services in School vs. Home



Home ABA

- The student may receive approved hours of medically necessary ABA funded by their Managed Care Organization (MCO).
- These services focus on home or community-based skills (e.g., showering routines, home safety).



Two Funding Sources

- Neither funding source supersedes the other.
- Both provide distinct, non-duplicative medically necessary services.
- Coordination between school and home providers is expected to ensure:
 - Methods are consistent, not conflicting
 - Goals are aligned



ABA Services in School vs. Home



ABA Services in School

- May occur during the school day, but:
 - It must be arranged collaboratively.
 - It cannot replace services required under the IEP.
 - The purpose must remain medically necessary, not educational.



Coordination Expectations

- Providers should communicate to ensure complementary strategies.
- Coordination time is not currently reimbursable but may be in the future through administrative claiming processes.



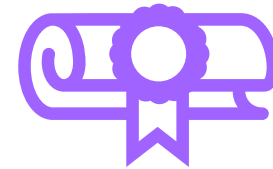
Rehabilitative Assistants Providing Services Under a Behavioral Treatment Plan



RA's can provide services under the direction and supervision of a school psychologist or a Board-Certified Behavioral Analyst (BCBA). These services will be reimbursable if there is a medical component, a valid order, and the service is in the student's IEP, 504 plan, or healthcare plan;



RA's provide 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;



If a rehabilitative assistant has an active certification as a Registered Behavior Technician (RBT), and if the RBT is supervised by a BCBA with a supervisory certification, then these services may qualify for Medicaid reimbursement as long as the student is Medicaid enrolled, and the services are medically necessary.



Billing for Group Services

- Group services are covered under Medicaid when delivered to two or more students.
- Clinicians must limit group size to ensure appropriate care for each student.
- Billing (group vs. individual) must match the student's IEP, Section 504 plan, or Healthcare Plan.
- The actual cost per unit of service must be divided among all students in the group, regardless of Medicaid eligibility.
- A group service must still be billed as group even if only one student attends that day, if the IEP specifies group service.



All procedure codes for billing can be found on the MMIS site at the following link:
[Medicaid to Schools fee schedule 07302024.xlsx](#)



Grievances and Appeals

December 5, 2025



Grievances and Appeals



Any individual or organization dissatisfied with a decision made by any office within the Department or any MMIS claim action has several grievance and appeal options available. The first is to request a review/reconsideration by the DHHS Program area that gave the decision. On Financial Compliance unit reviews, the request for review/reconsideration would be sent to the reviewer with any additional information to support your identified issues. The same would be for a Program Integrity investigation, request for review/reconsideration should be sent to the reviewer. A revised letter will be sent to the Provider with the outcome of the review.



The second is to request an appeal of the unfavorable decision through the Department's Administrative Appeals Unit (AAU). For more details on appeals through the Administrative Appeals Unit, please see the Department's rules at He-C 200, RSA 126-A:5, VIII and RSA 541-A. The appeal request must be by the identified School Superintendent. The school is not responsible to repay any recovery of funds while an AAU appeal or decision is pending.





Thank you! It's Time for Q&A

Contact us:

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