

November 7, 2025
 MTS Collaborative Meeting
 Bureau of Program Integrity Presentation's Q & A

Documentation Requirements, List of Excluded Individuals and Entities (LEIE) Screening	
Question(s)	Comment(s)
<p>1</p> <p>What are OIG checks? Is that the same thing as “exclusion list look up?”</p> <p>Has it always been required since 1999, or was it just a suggestion?</p>	<p>Yes, an “OIG Check” can also be referred to as “exclusion list lookup”.</p> <p>The Medicaid Provider Exclusion and Sanction List can be found on the Medicaid Provider Relations Webpage.</p> <p>The OIG LEIE screening has always been required as part of the provider participation agreement with Medicaid. OIG LEIE screenings is explained in The MTS Provider Manual updated on 3/27/2024 and includes the following information.</p> <p><i>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</i></p>

		<i>work directly for the school. Contractors shall not bill directly for medical services provided in the school setting.</i>
2	Do bus drivers need to be checked against the exclusion list?	Yes, bus drivers are part of the required employee checks on the OIG list. Per the MTS Provider Manual , schools must screen all providers, employees, contractors, and school personnel who are involved with administering or delivering medicaid services.
3	Upon hire, we verify for exclusions; however, we have staff members who have been with us for over 20 years. What do we do to get an exclusion for them?	Schools must check employees' or contractors' names monthly against the List of Excluded Individuals and Entities (LEIE)/Office of Inspector General (OIG) exclusion site for sanctions/exclusions, and schools must keep copies of those screenings as proof they were performed. Schools must perform LEIE/OIG searches each month, regardless of how long they have been employed at your school. Anyone who shows up on the lists is prohibited from providing Medicaid to school services. See He-W 589.04(a)(3) & (4).
Documentation Requirements, Service Logs and Transportation		
Question(s)		Comment(s)



4	Do we submit service logs every month, or is that only when they audit logs?	Schools must maintain the service logs and MTS documents for at least 6 years. You do not have to submit logs to us unless they are requested by us for an audit.
5	<p>When guidance is issued, it would be helpful to have more clarity about when it will be used during audits and for what billing timeframe.</p> <p>A lot of school districts are not billing transportation because they are not sure of the rules. Schools are receiving more information about this topic now, but audits from previous years (2023-2024) did not have as much guidance. Schools are struggling to be held to the current standard for guidance they did not have back then.</p>	<p>Schools are audited based on the laws, regulations, rules, and requirement bulletins that were in place at the time services were delivered. If you believe that an audit improperly applied a requirement then you should submit this to the auditor at the time of the audit along with documentation to support your assertion. DHHS audits send preliminary findings at the end of the audit which allows school to submit additional documentation and/or question regarding the findings.</p> <p>For guidance on transportation reimbursement, please see our Medicaid to Schools Informational Bulletin issued March 2022 mtstransbull031822.pdf</p>
6	The transportation itself isn't necessarily specialized, but the placement of the child is closely tied to their care. Sending out some communication related specifically to that (the bus isn't the adapted piece, but the location they are going to is) would be really important.	Transportation is only billed when the child needs transportation in a vehicle specially adapted to serve the needs of the child or the student resides in an area that does not have school bus transportation and has a medical need for transportation. The required transportation must be in the student's IEP. The child must be receiving a medical service at the school on the day of transportation to bill. The school can also bill for transportation during the school day for medical services to and from the school for that service. If a child is going to a specialized school paid by the school district but does not need a specialized vehicle, then the school cannot bill for that transportation.
7	Do you need to specify in the IEP in two places if a student has a medical necessity needing the bus?	He-W 589.04(au) states that specialized transportation must be listed as a medically necessary service in the student's IEP. The plan must clearly state the transportation needs, and the reason transportation is required.



	Does it also need to be written in the medical necessary where they're being transported to (e.g. to and from school)?	
8	Can signatures be electronic on logs or must they be hand signed?	Transaction logs must have a signature from the service provider. The signature can be handwritten or electronic so long as the digital signature meets the requirements as described in He-W 589.02 and complies with RSA 294-E. In summary, there must be a way to verify its authenticity (i.e. digital signature certificate). A signature cannot be implied, inferred or typed.
Documentation Requirements, 30-Day Review		
Question(s)		Comment(s)
9	<p>What if the 30-day review is done 2 or 3 days later because of illness, etc. Can the reviewer sign off on all the documentation? How does this work ?</p> <p>We are supposed to do 30 day reviews with service providers and RAs. Is there some grace for a few days late?</p>	The Bureau of Program Integrity recognizes that meeting this timeline can be challenging. If a 30-day review cannot be held, the school must document the missed deadline, the cause (such as vacation or illness), and the rescheduled review date.
10	What happens if it is 31 days or 32 days for the 30 day reviews - is it 30 calendar days or 30 business days?	Review days are calendar days.



11	Does the 30 day review have to be separate from the team consult that is listed in the IEP?	30-day reviews do not have to be conducted separately from the IEP team, but the review must be based on the RA's performed tasks outlined in the care plan/IEP and documentation shall include the date of the session, type of contact, areas covered (i.e. duties and expectations, skills development), list of trainings completed, if applicable, issues identified and actions to be taken, date of next session, and signature of the supervising licensed clinician.
12	<p>Would you be able to clarify if electronic signatures are allowed for 30 day reviews?</p> <p>We were asked in an audit related to a handwritten signature for a 30 day review. I was under the impression an e-signature was acceptable.</p>	Yes. A signature can be handwritten or digital signature so long as the digital signature meets the requirements as described in He-W 589.02 and complies with RSA 294-E. In short, there must be a way to verify its authenticity (i.e. digital signature certificate). Typed name is not considered a digital signature and is not acceptable.

Documentation Requirements, Rehabilitative Assistants (RA)

Question(s)	Comment(s)
<p>13 Can a Rehab Assistant be servicing one child in carry over, leave to help another student in the classroom for a few minutes, then check in with the RA student and count all of that time?</p> <p>Usually as long as the provider documenting (Rehab Assistant) is in the vicinity of the student (classroom, playground, gym, etc.), that can be</p>	<p>If a Rehab Assistant is servicing a member and leaves the session to assist another student and spends more than 5 minutes the R.A. will need to log off with the first student and log in for the second student for billable time. The exception is if the time spent with the second Medicaid student is less than 5 minutes, staff can continue the first visit without a break.</p> <p>If the second student is not a Medicaid student, then the staff need to log off from the first student. Medicaid cannot cover services given to a non-Medicaid child.</p>



	considered working with the student to document. But once they leave the room (e.g. separate lunch without the student) then the documenting provider would need to stop their note.	
14	Could you clarify if RA services are all 1:1 or are they shared?	It depends on what is in the IEP for the medical service.
15	If in the logs the paras state individual RA sessions and then indicate the type of rehab assistance (support with communication, or behavior management), would that suffice as unique documentation for para logs?	The documentation needs to be more descriptive and precise. Behavior Management is a very broad category. Is the service related to managing outbursts? Sitting in their seat? The documentation should mirror the treatment plan actions identified to reduce or change the behavior identified.
16	What meets the requirement for alternative methods if a rehabilitative assistant doesn't have a copy of their high school diploma?	<p>The Financial Audit Unit has accepted the Para Educator II certificate that meets the requirement if no HS diploma available.</p> <p>DHHS would also accept the following:</p> <ul style="list-style-type: none"> • If the RA has a higher degree, a copy of their Associate or Bachelor diploma or certified transcript. • A notarized attestation from the RAs high school attesting to the RA graduating high school and the date.
17	Would you consider for a paraprofessional the attest that everyone on the application is "true and accurate" in lieu of a high school diploma?	No, see answer above in Question 16 for alternative document.

Documentation Requirements, General Billing



18	<p>A lot of the related services providers are taking data in their own way and then using it to compile and create these quarterly progress reports. They are aggregating data and reporting on progress. If you want additional information instead of just a therapy provided on this day, because they already have these methods, can we utilize the quarterly progress report to prove progress towards the goal?</p> <p>Couldn't we print our medicaid logs as that data as well?</p>	<p>Under the speech therapy, they are required to document each time they do a service for a student. If they don't have that and they submit a claim with no documentation, there is no way to prove what happened during that timeframe. A quarterly summary cannot tell every service performed each month. DHHS plans on having additional discussions with clinicians who perform services at the schools and work with them on documentation.</p> <p>Logs and quarterly data do not validate the units and date of service billed on a claim. Individual reports for the dates of service and units provided with a treatment note are required for claims to be valid.</p>
19	<p>Can you speak about covering multiple areas? If there is a rehab aid for 1x5.5 hours and they are not doing speech and language for 5.5 hours, do you only sign off on the time they were doing speech and language?</p>	<p>Yes, that is the billable medical service.</p>
20	<p>In an IEP it's going to say 1:1 service, could we bill if a provider serves more than one student at a time (i.e. due to providers being absent)?</p> <p>If a student gets individual service but a classroom para is absent and another para now has to cover this student, does the individual student still get billed as an individual service?</p>	<p>This cannot be a group service if the IEP states individual services are required for the individual. Shared service can only be billed when a Rehab Assistant and a qualified service provider are seeing the member at the same time. Both services can be billed (assuming the medical needs of these services are clearly outlined in the IEP) A Rehab Assistant and a related service provider can document for full time spent with students.</p> <p>If the RA is required to split their time, then the RA must bill the time spent for each student. The RA does not have the authority to change an ordered individual service into a group service.</p>



	There is not a way to specify individual vs. shared rehab aid in the grid. If it is not specified, would you then do “shared” because it is not individual?	
21	For billing 15 minutes as 30 minutes - what do providers do if they are providing 30 minutes to make up for a missed service?	If the school did not provide the full amount of services on a given day, they should not try to make up or “capture” those services on another day. If their documentation shows they provided 15 minutes of service, then they should only bill for 15 minutes. If they provided one hour of service but only billed for 45 minutes, they cannot add the remaining 15 minutes to a later date. They can amend the invoice if they under-billed, but they cannot bill for more time than what was documented for the patient on any given date.
General Questions & Suggestions		
Question(s)		Comment(s)
22	Could you clarify who is the team of professionals that make decisions related to Medicaid to Schools and what services look like in school?	The MTS team at DHHS includes Vern Clough Medicaid, Jordan McCormick Medicaid, Heather Clogston Medicaid, Karen Carleton PI, Ann Driscoll FCU and Tashia Blanchard BPI
23	For the forum for clinicians, I think there are two parts. We are dealing with people who sign off on all our paras once a month, and that would be a different conversation than	We can consider doing two different forums. If there are more groups of people, please put that on your evaluation survey. We will start with the professional clinicians and review the documentation and hopefully they will train the para staff going forward.



	<p>the day-to-day of a person working with a medical fragile child.</p> <p>I think really framing one forum for paraprofessionals is really important. OT/PT/Speech could use the training for RAs, but not all content is applicable.</p>	<p>You can also request a session via email at mts@dhhs.nh.gov</p>
24	<p>Putting a medical diagnosis of autism on a claim can be really uncomfortable for school professionals. Could you provide some guidance between IDEA codes and ICD-10 codes?</p>	<p>Non-medical staff should not be identifying the diagnosis code but use professional medical information for diagnosis and then look up the corresponding ICD 10 code for the claims. If the school is uncertain of the diagnosis code to use, then the school should reach out to the ordering provider.</p>

