

New Hampshire's "Medicaid to Schools" Program

A Snapshot Summary* prepared by MSB™

Service	Order	Referral	Practitioner Qualifications	Activities	Documentation
Medical Evaluation	IEP	N/A	Physician licensed in NH or in the state in which he/she practices or other licensed practitioner of the healing arts	<ol style="list-style-type: none"> 1. Examination of a single organ system including documentation of complaint(s), physical examination and diagnosis of current illness, and establishment of a plan of management relating to a specific problem 2. In-depth evaluation with development and documentation of medical data, including chief complaint, present illness, family history, medical history, personal history, system review and physical examination 	Report as necessary
Nursing Services	IEP	N/A	Licensed Registered Nurse; or Licensed Practical Nurse; or Advanced Registered Nurse Practitioner licensed in NH or in the state in which he/she practices	<ol style="list-style-type: none"> 1. Administration of medication(s) 2. Positioning/repositioning 3. Assistance with specialized feeding programs 4. Management and care of specialized medical equipment 5. Observation of children with chronic medical illnesses 6. Other services directly related to child's disability determined to be necessary and appropriate 7. Supplies and equipment related to nursing 	<p>Transaction Log</p> <p>For supplies and equipment, see special instructions included with Director's Packet</p>
Occupational Therapy Services	IEP Physician's order or order from a licensed practitioner of the healing arts practicing within the scope of his/her practice	N/A	<p>Occupational Therapist licensed in NH or in the state in which he/she practices and certified by the NBCOT or graduate of an OT program approved by AMA and engaged in supplemental clinical experience before certification by the NBCOT</p> <p>Licensed assistant under the direction of a licensed OT</p>	<p>Evaluation, treatments, consultations, supplies, or equipment necessary to implement a program of activities in order to develop or maintain adaptive skills necessary to achieve adequate and appropriate physical and mental functioning of a child. Such services shall be provided by or under the direction of an occupational therapist and include evaluation and treatment of children whose abilities to carry out age-appropriate tasks are threatened or impaired by physical illness, injury, emotional disorder, or congenital or developmental disability.</p> <p>Billable categories include evaluation, individual and group therapy, consultation, and supplies and equipment.</p>	<p>Written Order</p> <p>Transaction Log</p> <p>For supplies and equipment, see special instructions included with Director's Packet</p>
Physical Therapy Services	IEP Physician's order or order from a licensed practitioner of healing arts practicing within the scope of his/her practice	N/A	<p>Licensed in NH or in the state in which he/she practices; graduate of a PT program approved by CAHEA of the AMA and the APTA or its equivalent</p> <p>Licensed Assistant under the direction of a licensed physical therapist</p>	<ol style="list-style-type: none"> 1. Any evaluations to determine a child's level of physical functioning, employing such performance tests as measurements of strengths, balance, endurance, and range of motion 2. Any treatment services or consultations which might utilize therapeutic exercises or the modalities of heat, cold, water, and electricity for the purpose of preventing, restoring, or alleviating a lost or impaired physical function 3. Other services, including supplies and equipment, determined by a physical therapist to be necessary and appropriate for a child's physical therapy 	<p>Written Order</p> <p>Transaction Log</p> <p>For supplies and equipment, see special instructions included with Director's Packet</p>

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Speech, Language and Hearing Services	IEP	Physician's referral or referral (written) from a licensed practitioner of the healing arts operating within the scope of practice	<p>Speech pathologist or audiologist licensed in NH* or in the state in which he/ she practices and one of the following: CCC from ASHA; or shall have completed an academic program, and be in the process of accumulating the necessary supervised work experience to qualify for ASHA CCC; or completed equivalent education and work experience necessary for ASHA CCC *NH License =ASHA CCC</p> <p>Speech language assistant with one of the following: licensed by the speech board and working under the direction of a speech pathologist, or not licensed by the speech board but employed by a school district and working under the direction of a properly qualified speech pathologist or speech specialist working under the direction of a properly qualified speech pathologist</p>	<p>Speech, language and hearing services shall be covered services and be services, supplies, and equipment necessary for the evaluation, diagnosis and treatment of speech, language and hearing disorders which result in communication disabilities and shall be provided by or under the direction of a qualified speech pathologist or audiologist.</p> <p>Billable services include individual speech, language or hearing evaluation; individual and group speech, language or hearing therapy; consultations; and supplies and equipment.</p>	<p>Written Referral</p> <p>Transaction Log</p> <p>For supplies and equipment, see special instructions included with Director's Packet</p>
Psychiatric Services	IEP	Recommended by a licensed physician	Licensed physician in NH or in the state in which he/she practices and either board certified or board eligible according to ABPN or its successor organization	<p>Services necessary for the evaluation, diagnosis, and treatment of psychiatric problems in order for a student to benefit from an educational program.</p> <p>Billable categories of psychiatric services shall include the following: psychiatric evaluation/diagnosis; treatment; and consultation.</p>	Transaction Logs for treatment

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Psychological Services	IEP	Recommended by a certified psychologist	School or Associate School Psychologist; School Psychologist certified by State Board of Ed; or a psychologist or associate psychologist certified by the NH Board of Examiners of Psychologists or licensed in the state in which he/she practices.	<p>Services necessary for the evaluation, diagnosis, and treatment of emotional or behavioral problems or disturbances in order for a child to benefit from an educational program.</p> <p>Billable categories of psychological services shall include psychological testing and evaluation, psychodiagnostic testing, individual and group psychological treatment, family counseling (child present at some point), and consultation.</p>	Transaction Logs for treatment
Rehabilitative Assistance	IEP	Physician's referral or recommendation from a licensed practitioner of the healing arts within the scope of practice	Certified pursuant to Ed 504.05 or Ed 504.06, or have qualification equivalent to the above certification, or be a licensed practitioner of the healing arts practicing within the scope of practice	Includes assistance with mobility, communication, behavioral management, nutrition, medications, personal care, supported employment (but see specific requirements, He-M 1301.04 (v) (7)) and any other remedial services, <u>excluding classroom instruction and academic tutoring</u> , as are necessary for the maximum reduction of a child's physical or mental disabilities. Provision of services shall be reviewed by a licensed practitioner of the healing arts at least weekly. Such review shall include consultation with the staff person providing the rehabilitative assistance. Billable categories shall include individual and group rehabilitative assistance.	<p>Written Referral or Recommendation</p> <p>Transaction Logs (to include sign-off from a properly credentialed Licensed Practitioner of the Healing Arts)</p>
Preschool Services (utilizes a bundled rate methodology that has fallen into disfavor with federal regulators: <u>not recommended</u>)	IEP	Physician's referral or Recommendation from a licensed practitioner of the healing arts within the scope of practice	<p>All-inclusive unit: program approval by the Department of Education; OR</p> <p>Discrete Services: Follow all requirements for each discrete service listed in this Summary.</p>	<p>Preschool services shall be covered services and include speech and language services, mobility and orientation, family counseling and information services, and nutrition services.</p> <p>In the exceptional situation where a preschool child has a one-on-one aide NOT RELATED IN ANY WAY TO THE PRE-SCHOOL PROGRAM, a waiver would be required for the specific student and program prior to billing for Rehabilitative Assistance for that child in addition to the all-inclusive unit.</p>	<p>Transaction Logs</p> <p>Written Referral/ Recommendation</p>
Mental Health Services (Other than psychiatric and psychological)	IEP	N/A	NH Educational certifications as guidance director, guidance counselor, social worker, by a community mental health program, NH Board licensed CSW, CMHC or licensed in the state in which he/she practices	Enable a child to benefit from an educational program in the least restrictive setting. Covered services include behavior management; individual, group, and family counseling; and crisis intervention	Transaction Logs

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Transportation	IEP	N/A	N/A	When other coverable service provided on same date: 1. Transportation to and from school in a vehicle that has been adapted to accommodate the student's disability 2. Transportation to covered medical services in the community 3. Transportation for students who would not be eligible for transportation due to the proximity of their residence to the school and receive transportation because of their medical need for transportation	Trip Log Transaction Logs of other coverable service
Vision Services	IEP	Recommendation by a licensed optometrist, ophthalmologist, physician or other licensed practitioner of the healing arts within the scope of practice	N/A	Services necessary for the prevention or rehabilitation of visual impairment or restoration of a student with a visual impairment to his/her best possible functional level. Billable categories include aids to vision prescribed by an ophthalmologist or an optometrist; mobility and orientation training; Braille instruction and materials; services and supplies related to diagnostic screening and prevention of visual disorders; and other services and supplies related to restoration of vision and/or related functioning to the best possible functional level.	Transaction Logs Written Recommendation

*Please be advised that MSB™ believes that the above summary accurately reflects the current "Medicaid to Schools" Program rules. However, this summary is not intended to replace the regulations last published in the **Summer of 2016**. Those regulations and subsequent clarifications and addendums published by the Division of Developmental Services are the sole sources of official interpretation of program rules. Further clarifications and interpretations can be requested from the current Program Auditor, Deb LaFave at (603) 271-5106.

*Please be further advised that MSB™ informs school districts according to written policy and regulation published by the NH Division of Developmental Services (NHDDS) and the Centers for Medicare and Medicaid Services (CMS) at the federal level. As MSB™ becomes aware of changes, amendments, interpretations, etc. pertaining to the "Medicaid to Schools" Program rules, we will, in a timely manner, further inform you accordingly. School districts are responsible for recordkeeping mandated in the regulations. In the event of an audit, MSB™ cannot be held responsible for incomplete or missing internal school documents required for audit purposes under program rules. However, MSB™ does assume full responsibility for its own internal recordkeeping and billing procedures.