
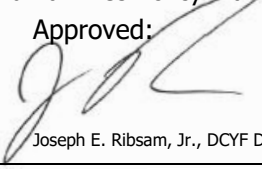


<b>1875 MEDICAL SERVICES</b>	
Chapter: <b>Services for Children, Youth and Families</b>	Section: <b>Direct and Purchased Services</b>
 <p>New Hampshire Division for Children, Youth and Families Policy Manual  Policy Directive: <b>18-14</b>  Effective Date: <b>April 2018</b>  Scheduled Review Date:</p>	<p>Approved:</p>  Joseph E. Ribsam, Jr., DCYF Director
Related Statute(s): <a href="#">RSA 126-A</a> , <a href="#">RSA 151</a> , <a href="#">RSA 169-B</a> , <a href="#">RSA 169-C</a> , <a href="#">RSA 169-D</a> , <a href="#">RSA 170-G</a> , <a href="#">RSA 315</a> , <a href="#">RSA 316-A</a> , <a href="#">RSA 318</a> , <a href="#">RSA 327</a> , and <a href="#">RSA 329</a> Related Admin Rule(s): <a href="#">He-C 6348</a> Related Federal Regulation(s):	Related Form(s): <a href="#">FORM 1869</a> Bridges' Screen(s) and Attachment(s):

Everyone needs and deserves a life of well-being. DCYF believes that various entities within the Department must work collaboratively to ensure that the well-being needs of children and youth involved with the Division are met in a timely manner. This policy outlines the respective roles of the CPSW/JPPPO, Supervisor, and Fiscal Specialist in securing essential medical services for children and youth involved with the Division through an open case.

### **Purpose**

To define the purchased service specifications for medical services for children/youth in the custody or guardianship of DCYF, or who may be otherwise involved with the Division through special circumstance as outlined in RSA 169-B, RSA 169-C, and/or RSA 169-D.

### **Definitions**

**"CPSW"** or **"Child Protective Service Worker"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Child Protective Service Worker.

**"DCYF"** or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

**"JPPPO"** or **"Juvenile Probation and Parole Officer"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Juvenile Probation and Parole Officer.

**"Medical Services"** mean preventive or remedial medical care necessary to the health or well-being of children/youth.

**"Service Population"** means children/youth, age birth through 20 years, who require preventive and remedial care.

**"Service Unit"** means one service or item that is being billed.

### **Required Practices**

- I. The provider must:
  - A. Comply with all statutes applicable to their specified field of practice (see practice guidance below) prior to applying for certification; and

- B. Seek payment from other sources, such as Medicaid, Medicaid Managed Care, or private insurance, before billing DCYF.
- II. The CPSW/JPPPO must:
- A. Authorize payment for medical services, based on a court order;
1. For health assessments and health screenings for children in foster care or prior to foster care, refer to Policy [1651 Health care Planning for Children in Placement](#);
  2. For specialized medical examinations of abused and neglected children, refer to Policy [1931 Medical Examinations](#); or
  3. For medical evaluations of abused and neglected children, refer to Policy [1932 Medical/Psychological Evaluations](#);
- B. Contact the provider and arrange for the child/youth to receive services, obtaining agreement on the begin date of service, length of service and/or number of units to be provided; and
- C. Notify the Fiscal Specialist using Form 1869 Services Authorization Request via e-mail once the CPSW/JPPPO finalizes the arrangements with the provider.
- III. Requests for payment from DCYF must be made via Form 1869 Services Authorization Request.
- A. The provider uses the service authorization as an invoice for services provided and submits the invoice to the DCYF Provider Relations.
- B. The provider must document the following information in their files:
1. The date of service;
  2. Location of service;
  3. Diagnosis;
  4. Treatment; and/or
  5. Other service provided.
- IV. No payment is allowed for bills received after one year from the date of service, pursuant to RSA 126-A:3 II.
- V. When a medical appointment is canceled in advance, the provider must not charge DCYF.

### **Practice Guidance**

#### **How are services paid for when a child/youth has Medicaid but Medicaid won't cover the service?**

- At times there may be extenuating circumstances in which a service is needed that is not covered by Medicaid. Before payment can be made:
  - The CPSW/JPPPO must consult with a DCYF Nurse Consultant around the procedure/treatment recommended;

- If the Nurse Consultant is in agreement that the service/treatment is necessary, the CPSW/JPPPO shall consult with their Supervisor to request approval for the procedure/treatment;
- The Supervisor then must obtain approval from a Field Administrator (FA) for the procedure/treatment to be paid through general funds;
- Once the FA has given approval, the CPSW/JPPPO shall complete a Form 1869, including the information, as outlined above.
- The Fiscal Specialist shall consult with Provider Relations, who will work with the provider to ensure timely payment of service.

**Can payment be made for medical procedures/treatment not covered by Medicaid on voluntary cases?**

- As a general rule, there is no provision to pay for medical procedures/treatment on cases without a court order. However, if there are extenuating circumstances in a voluntary case (without a court order), the CPSW/JPPPO should consult with a DCYF Nurse Consultant;
- If the Nurse Consultant indicates the procedure/treatment is critical to the health of the child/youth, the CPSW/JPPPO shall consult with their Supervisor;
- The Supervisor will then consult with the FA;
- If approval is granted through the FA, the CPSW/JPPPO shall consult with the Fiscal Specialist and follow all other procedures as outlined above; and
- The Fiscal Specialist shall then consult with Provider Relations to create a plan for payment.

**What is the service rate for medical services?**

- Refer to current Medicaid Program Rates or usual and customary charge.

**What is the service code for billing medical services?**

- There is no one set code for billing medical services.
- Common or frequently used codes include: ME for Groups/Clinics, MD for Physician's Services, MO for Hospitals, MP for Pharmacies, and MQ for Medical Equipment.