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**Guidance for Access to Medicaid State Plan Therapeutic Services for Children 0-3
enrolled in Family Centered Early Supports and Services (FCESS)
September 1, 2017**

Purpose of Guidance:

The purpose and intent of this guidance is to set forth guidelines to ensure that children who are eligible for Part C of IDEA have access to the requisite services in the event that their parent/guardian opt to access therapeutic services (such as: ABA therapy or physical, occupational, and/or speech therapy) covered by the Medicaid State Plan/Early, Periodic, Screening, Diagnosis, & Treatment (EPSDT) in lieu of accessing therapeutic interventions under the Family Centered Early Supports and Services (FCESS) bundled payment rate.

Parents/guardians who choose to access service via the State Plan are agreeing to not receive the therapeutic interventions through FCESS and only access the entitled services outlined.

FCESS Role

NH's Part C program - FCESS monitors the requirements for implementing FCESS, and ensures compliance with federal/state regulations and requirements in accordance with He-M 510, He-M 203, and Federal Part C rules.

Medicaid Role

NH's Medicaid program is the publicly funded health insurance plan for children and families that ensures adherence to federal/state regulation and requirements in accordance with guidance from the Centers for Medicaid and Medicare Services (CMS).

Definitions:

Requisite Services are required functions under the Part C Federal funding rules 303.521(b) and must be provided at public expense and at no cost to the parent/guardian. These services include: transition, evaluation and assessment, service coordination, development and review of an IFSP, and implementation of procedural safeguards.

In accordance with He-M 510.07 (o), Initial and Annual IFSP Development, states: "The following services shall be provided to each child at public expense at no cost to the parent:

- (1.) Implementing child find requirements in accordance with 34 CFR Part 303.115, 303.302, and 303.303;
- (2) Evaluation and assessment;
- (3) Service coordination;
- (4) Development, review, and evaluation of IFSPs ; and
- (5) Implementation of procedural safeguards available under He-M 203 and Part C of Public Law 102-119, Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq.”

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services as defined in He-M 546 means services, pursuant to 42 CFR 440.40, designed to provide preventative health care, diagnostic services, and early detection and treatment of disease or abnormalities to Title XIX eligible individuals under age 21.

FCESS Bundled Payment rate is a single set payment for one or more of a group of different services provided in accordance with He-M 510 furnished to a child by a FCESS agency during a calendar week. The payment is the same regardless of the number of units of service, types of service or level of practitioners providing the service or the specific costs, or otherwise available rates, of those services.

FCESS Therapeutic Interventions that may be billed under the Medicaid bundled rate identified in HeM 510.02(m) include:

- (1) Information;
- (2) Training;
- (3) Special instruction;
- (4) Evaluation;
- (5) Therapeutic interventions;
- (6) Financial assistance;
- (7) Materials and equipment;
- (8) Emotional support; and
- (9) Any of the services in He-M 510.03 (a)-(v) (e.g. speech, occupational, physical, and special instruction).

Implementation Guidance

FCESS Programs:

- o Shall inform families of their options regarding therapeutic interventions coordinated within FCESS which are billed under the Medicaid bundled rate or other therapy services outside of the FCESS system which are billed directly to Medicaid by outside providers.
- o Shall inform families of their rights to access FCESS Part C entitled services.
- o Medicaid billing guidance for entitled services remain the same at this time.

Families may access therapeutic services covered by the Medicaid State Plan/Early, Periodic, Screening, Diagnosis, & Treatment (EPSDT) (such as: ABA therapy or physical, occupational, and/or speech therapy) in lieu of accessing therapeutic interventions under the FCESS bundled payment rate.

In this circumstance, FCESS programs are responsible for:

- Informing families of the following:
 - The child is not eligible for any service that would be billed under the FCESS Bundled Payment rate.
 - Families can choose at any time to return to receiving therapeutic interventions outlined in He-M 510 through the FCESS program.
- FCESS Programs must:
 - Develop an IFSP that appropriately supports and meets the needs of the child and family related to entitled services and service coordination, including transition planning.
 - Submit Medicaid billing for appropriately provided service coordination (limited to once a month) and evaluation (limited to twice a year).

Fiscal Impact Statement:

Families have always had the option to secure OT, PT, and SLP outside of the FCESS bundle. Accordingly these costs are included in the capitation rate to the Health Plans and there is no fiscal impact relative to this clarification. Related to ABA therapy, the implementation of this new policy/process will result in enhanced transparency regarding families' ability to opt in /opt out of FCESS therapeutic interventions.

Approved by:



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Medicaid Director

8/25/17

Date



Christine Santaniello
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8/22/17

Date