



**NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID TO SCHOOLS INFORMATIONAL BULLETIN**

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Authorized by	Henry Lipman, Medicaid Director and Meredith Telus, Director Program Planning and Integrity
Division/Office/Bureau	Division of Medicaid Services and Program Integrity
Issue Date	May 2020
Effective Date	Immediately
Subject	Operational Policy Clarifications
Description	Responses to questions received during the March 3rd and April 8th Stakeholders' Meetings

OVERVIEW

The Department received questions at the March 3, 2020 and April 8, 2020 Medicaid to Schools (MTS) Stakeholders meetings. This document provides the Department's response to those questions.

Question: The Department previously issued guidance to the effect that, even though the emergency rule said an order had to come from a physician, physician's assistant, or APRN, in fact, other licensed clinicians are allowed to order. Does the issuance of the final rule and the passage of SB 684 change that at all?

As you note, we indicated in two Medicaid to Schools Billing and Policy Guidance Documents (2020-01, Question 5 and 2020-02, Question 15) the following:

The Department is not restricting licensed qualified treatment providers or clinicians from practicing within the scope of their board licensure, including those that can act independently to treat or order services. An order prescribing the Medicaid covered service is generally required from a Physician, APRN or Physician Assistant for the services to be reimbursable by NH Medicaid; however, some qualified treatment providers may order services if state statute allows them to do so, and when they are acting within the scope of their board license.

Only providers authorized to order under the scope of their practice **during the period of the emergency rule** can order retroactively, and only for services which fall under their scope of practice. In other words, if a school district gets a retroactive order that applies to services provided during the time period the emergency rule was in effect, the ordering provider must be one who was authorized to order services pursuant to the emergency rule.

Under guidance 2020-01 issued by the OPLC, certain providers were authorized to order services *for their own services and within their own scopes of practice* prior to the passage of SB 684. The school district may bill Medicaid (without an order from a physician, PA, or APRN) for services rendered by any licensed clinician who was authorized to order and who issues an order under the scope of their practice. The order must clearly cover the date of the service and may be effective for 12 months.

Example 1: For a service provided by a licensed physical therapist prior to February 21, 2020, a school may bill Medicaid if the school has obtained an order from the physical therapist or a physician, PA, or APRN. A physical therapist (or any other licensed clinician) cannot order services for services that fall outside his or her scope of practice as defined in the practice act and within guidance from the Office of Professional Licensure and Certification (OPLC).

Example 2: A licensed Speech Language Pathologist (SLP) (not a speech language specialist) was authorized to order prior to the passage of SB 684. For instance, if you obtain an order from a SLP for a service provided within the last six months, you can bill for that service. However, that is in contrast to services provided by a School Psychologist that was not otherwise licensed by a licensing board such as the board of psychology. Under those circumstances, a School Psychologist was not an “other licensed clinician” during the first half of this school year and did not have the authority to render or order services for purpose of drawing a match from Medicaid.

Question: The Department previously issued guidance to the effect that orders can be retroactive six months. It is very difficult to get orders timely given the impact COVID-19 has had on school districts and on providers. Can the Department extend this retroactive authority to cover the current school year?

Note: The answer below replaces the Q&A previously provided relative to retro orders in FAQ 2020-03 Q4 (issued October 19, 2019)

Answer: Yes, the Department will extend the retroactive order authority to cover services rendered for the 2019-2020 school year. **The order must clearly cover the date of the service and be effective for a 12-month period.** All orders for the 2019-2020 school year must be written by December 31, 2020. Additionally, the Department will allow retroactive orders for the first four months of the 2020-2021 school year, if the order is written before December 31, 2020.

Example 1: Service is provided August 28, 2019. A school may bill Medicaid if the order is written before August 28, 2020. The order must clearly cover the date of service and is only effective for a 12-month period.

Example 2: Service is provided April 2, 2020. A school may bill Medicaid if the order is written before December 31, 2020. The order must clearly cover the date of service and is only effective for a 12-month period.

Example 3: Service is provided September 15, 2020. A school may bill Medicaid if the order is written before December 31, 2020. The order must clearly cover the date of service and is only effective for a 12-month period.

Question: Who can order for rehabilitative assistance services?

Most commonly, rehabilitative assistance is a multi-disciplinary function provided by a Rehabilitation Assistant or paraprofessional. Therefore, an order should come from a physician, physician's assistant, or APRN to cover all of the services involved. Alternatively, the school may determine it is more practical to obtain individual orders from multiple licensed clinicians to cover each service type, which is acceptable so long as every other licensed clinician is ordering within his or her scope of practice.

In any instance that rehabilitative assistance is offered as a single-discipline service, such as behavior management provided by a psychologist or physical therapy offered by a physical therapist, that provider may be able to self-order, or provide the order for the Rehabilitation Assistant or paraprofessional.

Note: The order requirement is separate from the sign-off requirement. For sign off requirement, please refer to the guidance issued in January: 2020-05 Q9:

Question: If a student receives rehab aide services to carryover OT, Speech, PT, Behavior, do all related services providers then have to sign off monthly on these services?

Response: No, the IEP team needs to identify and designate a licensed clinician who will be responsible for oversight of the medical components of IEP plan and the carry-over tasks delegated to the Rehabilitative aide. The administrative rule states the following at He-W 589.04(aj)

“Provision of rehabilitative assistance services shall be reviewed by another licensed clinician designated by the enrolled school provider’s care plan team every 30 days. Such review shall include review of the activities performed by the rehabilitative assistant and the effectiveness of the activities as observed by the rehabilitative assistant. As part of the review, the care plan team designated licensed clinician shall sign the documentation of the service transaction logs to attest that the service was actually provided and shall provide review and signature that the activities have been conducted in accordance with the care plan.”

Question: What needs to be done if it is found the para/rehabilitation assistant’s order is incorrect after services were delivered?

If you find that the order for para/rehabilitation assistant services was not executed by a Physician, APRN, physician assistant, or qualified treatment providers (when they are acting

within the scope of their board license), then a new, correct order can be obtained and made retroactive as long as the service was in the 2019-2020 school year and the new order was written before December 31, 2020.

Question: As RSA 326-C:2, II states, occupational therapy does not require an order to provider education-related services. Does that mean I do not need to seek an order for OT provided in schools?

Per OPLC guidance document 2020-02, occupational therapy does not require a referral for the purpose of evaluation. Additionally, *the occupational therapist does not require an order to provide “[p]revention, wellness, and education-related services.” However, to initiate “occupational therapy services to individuals with medically related conditions,” the occupational therapist requires an order from a physician, physician assistant, chiropractor, APRN, optometrist “or any other qualified health care professional who, within the scope of the professional’s licensure, is authorized to [order] health care services.” RSA 326-C:2, II.*

As Medicaid covers medically necessary services, an order is required for occupational therapy services.

Questions: Can the requirement for an ordering provider to have an NPI and be NH Medicaid enrolled be waived?

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). All claims processors use an NPI to pay claims; therefore, any provider would require an NPI for services billed to any insurance, Medicare, or Medicaid.

DHHS has not implemented the hard edit, which will require the ordering provider NPI of a Medicaid enrolled provider on the claim form. This is a Federal requirement and DHHS is in the process of implementing the requirement. The schools will be informed, well in advance with instructions, when this information is required on claims. Until this is implemented, DHHS does not require the ordering provider to be enrolled with NH Medicaid, but if the school is using a provider that is not enrolled with NH Medicaid then the school is responsible for ensuring the provider has been properly screened on the LEIE (OIG screening) and has an active license at the time of the order. This must be documented by the school.

Question: Does the order have to include the frequency and duration of medically necessary services?

At this time, orders do not have to include frequency and duration of the medically necessary services being ordered. We are reviewing the order requirements in other settings and will update the suggested order template and incorporate future requirements into the billing manual.

Questions about this document can be sent to the Department's dedicated email address:
MTS@dhhs.nh.gov

Revision History Activity Date	Version	Description of Activity	Author	Approved By
05/07/2020	Final	Questions and responses	M Telus	H Lipman and M Telus