

## **Medicaid to Schools Stakeholder Engagement**

Tuesday, October 29, 2019, 2:00-4:00

Location: HealthTrust, 25 Triangle Park Drive, Concord

Conference Call-in information: 1-866-470-8024 Code 9654120884

- Welcome
- Update on Work with Licensing Boards and with Legislators
- Resource Updates
- Stakeholder Breakout Sessions
  1. Session with Providers – Closing the Gaps
    - Call-in information: 1-866-304-8625 Code 3290487292
  2. Case Study: Qualified Treatment Providers – School Psychologist Licensure and Certification
    - Call-in information: 1-866-304-8625 Code 4046560823
  3. What Services are Provided in the School and What Services are Billable
    - Call-in information: 1-866-304-8625 Code 6375795769
  4. Educational and Medical Services: Lines of Distinction
    - Call-in information: 1-866-470-8024 Code 9654120884
- Report Out from Breakout Sessions
- Guidance/FAQ
- Review Portion of Draft Rule
- Closing/Next Steps

### **Upcoming Events:**

- Stakeholder Engagement meetings (Location TBD):
  1. Tuesday, November 5, 2019, 2:30-4:30
  2. Thursday, November 21, 2019, 12:30-2:00

### **Resources:**

Website: <https://www.dhhs.nh.gov/ombp/medicaid/mts/index.htm>.

Dedicated Email Address: [MTS@dhhs.nh.gov](mailto:MTS@dhhs.nh.gov)

## List of Medicaid Benefits

Benefit	Reference
Inpatient Hospital Services	Mandatory 1905(a)(1)
Outpatient Hospital Services	Mandatory 1905(a)(2)
Rural Health Clinic Services	Mandatory 1905(a)(2)
FQHC Services	Mandatory 1905(a)(2)
Laboratory and X-Ray Services	Mandatory 1905(a)(3)
Nursing Facility Services for Age 21 & Older	Mandatory 1905(a)(4)
EPSDT	Mandatory 1905(a)(4)
Family Planning Services	Mandatory 1905(a)(4)
Tobacco Cessation for Pregnant Women	Mandatory 1905(a)(4)
Physicians' Services	Mandatory 1905(a)(5)
Medical or Surgical Services by a Dentist	Mandatory 1905(a)(5)
Medical Care and any type of remedial care recognized under State Law -	Optional 1905(a)(6)
Medical Care and any type of remedial care recognized under State Law - Optometrists' Services	Optional 1906(a)(6)
Medical Care and any type of remedial care recognized under State Law - Chiropractors' Services	Optional 1905(a)(6)
Medical Care and any type of remedial care recognized under State Law - Services	Optional 1905(a)(6)
Home Health Services - Intermittent or part-time nursing services provided by a home health agency	Mandatory for certain individuals - 1905(a)(7)
Home Health Services - Home health aide services provided by a home health agency	Mandatory for certain individuals - 1905(a)(7)
Home Health Services - Medical supplies, equipment and appliances	Mandatory for certain individuals- 1905(a)(7)
Home Health Services - Physical therapy, occupational therapy, speech pathology, audiology provided by a home health agency	Optional-1905(a)(7), 1902(a)(10)(D), 42CFR 440.70
Private duty nursing services	Optional 1905(a)(8)
Clinic Services	Optional 1905(a)(9)
Dental Services	Optional 1905(a)(10)
Physical Therapy	Optional 1905(a)(11)
Occupational Therapy	Optional 1905(a)(11)
Services for individuals with speech, hearing and language disorders	Optional 1905(a)(11)
Prescribed Drugs	Optional 1905(a)(12)
Dentures	Optional 1905(a)(12)
Prosthetic Devices	Optional 1905(a)(12)
Eyeglasses	Optional 1905(a)(12)
Diagnostic Services	Optional 1905(a)(13)
Screening Services	Optional 1905(a)(13)

Benefit	Reference
Preventive Services	Optional 1905(a)(13)
Rehabilitative Services	Optional 1905(a)(13)
Services for Individuals over 65 in IMDs -Inpatient hospital services	Optional 1905(a)(14)
Services for Individuals over 65 in IMDs -Nursing facility services	Optional 1905(a)(14)
Intermediate Care Facility services for individuals in a public institution for the mentally retarded or persons with related conditions	Optional 1905(a)(15)
Inpatient psychiatric services for under 22	Optional 1905(a)(16)
Nurse-midwife services	Mandatory 1905(a)(17)
Hospice Care	Optional 1905(a)(18)
Case management services 1915(g)	Optional 1905(a)(19), 1915(g)
Special TB related services	Optional 1905(a)(19), 1902(z)(2)
Respiratory care services under 1902(e )(9)(A) through (C )	Optional 1905(a)(20)
Certified pediatric or family nurse practitioners' services	Mandatory 1905(a)(21)
Home and Community Care for Functionally Disabled Elderly Individuals	Optional 1905(a)(22)
Personal Care Services in the beneficiary's home	Optional 1905(a)(24), 42CFR 440.170
Primary care case management services	Optional 1905(a)(25)
PACE Services	Optional 1905(a)(26)
Special Sickle-Cell Anemia-Related Services	Optional 1905(a)(27)
Licensed or Otherwise State-Approved Free-Standing Birthing Centers	Optional 1905(a)(28)
Transportation	Optional benefit – 1905(a)(29)– 42CFR 440.170, Required as an administrative function – 42CFR 431.53
Services provided in religious non-medical health care facilities	Optional 1905(a)(29), 42CFR 440.170(b)
Nursing facility services for patients under 21	Optional 1905(a)(29), 42CFR 440.170(d)
Emergency Hospital services	Optional 1905(a)(29), 42CFR 440.170(e)
Expanded Services for Pregnant Women - Additional Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends	Optional 1902(e)(5)
Expanded Services for Pregnant Women - Additional Services for any other medical conditions that may complicate pregnancy	Optional 1902(e)(5)
Emergency services for certain legalized aliens and undocumented aliens	Mandatory 1903(v)(2)(A)
Home and Community-Based Services for Elderly or Disabled Individuals	Optional 1915(i)
Self-Directed Personal Assistance Services	Optional 1915(j)
Community First Choice	Optional 1915(k)
Other (describe in benefit chart)	Optional 1905(a)(29)

CHAPTER He-~~W 500 MEDICAL ASSISTANCE~~~~M 1300 SPECIALIZED SERVICES~~

PART He-~~W 589M 1301~~ MEDICAL ASSISTANCE SERVICES PROVIDED IN SCHOOLS BY EDUCATION AGENCIES

**Readopt with amendment He-M 1301.02, effective 8-23-16 (Document #11165), Adopt He-W 589 cited and to read as follows:**

He-~~WM 1301~~589.01 Purpose. The purpose of these rules is to describe the services provided by school districts and school administrative units that are reimbursable under NH medicaid and claimable for FFP; and to describe the required qualifications of medical or mental health providers delivering reimbursable services in schools and preschools. Reimbursable services include both NH medicaid covered mandatory and optional services under the NH medicaid state plan, and non-covered, but coverable services pursuant to 1905(a) of the Social Security Act through the EPSDT benefit. The service descriptions are established to allow students to receive necessary services within the least restrictive environment. Participation is discretionary on the part of school districts and school administrative units. These rules are not intended to impose upon school districts and school administrative units the responsibility to provide any services that they are not otherwise legally responsible to provide under RSA 186-C or other law.

He-M 1301-He-W 589.02 Definitions.

(a) “Care plan” means a written health care plan, including, but not limited to, an Individualized Education Program or a 504 plan maintained in the student’s file that documents and supports claims for any covered medicaid services to include services considered to be medically necessary under EPSDT and to be provided to the student and reimbursed to the enrolled school provider.

(b) “Consultation” means the rendering, by a medical or behavioral health provider, of an expert opinion regarding the diagnosis or treatment of a specific student for which the student was present for the consultation for at least 51% of the time, and ~~related pursuant~~ to the covered services listed in He-~~WM 1301~~589.04.

(c) “Covered service” means a service identified pursuant to He-~~WM 1301~~589.04 that is reimbursable under ~~NH medicaid~~the state medical assistance program and provided to a student.

(d) “Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) services” means a benefit pursuant to 42 CFR 440.40, designed to provide preventative health care, diagnostic services, and early detection and treatment of disease or abnormalities to medicaid eligible individuals under age 21.

(e) “Enrolled school provider” means a New Hampshire LEA or school administrative unit (SAU) that has agreed to participate in ~~NH medicaid~~the medical assistance program pursuant to these rules and enrolled with NH medicaid.

(f) “Federal financial participation (FFP)” means the federal share of costs for services provided pursuant to He-~~WM 1301~~589.

(g) “Group” means 2 or more persons.

(h) “Individualized education program (IEP)” means “individualized education program” as defined in Ed 1102.03(h).

(i) “Local education agency (LEA)” means a local school district.

~~(j) “Other licensed practitioner” means any person licensed or certified under state law to provide medical or behavioral health services and practicing within the scope of his or her licensure pursuant to the applicable state law for his or her licensure or certification.~~

(jk) “Medical assistance” means the federally financed medical assistance program established pursuant to Title XIX of the Social Security Act also known as the medicaid program.

~~(k) “Medically necessary” means reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and no other equally effective course of treatment is available or suitable for the EPSDT recipient requesting a medically necessary service.~~

(l) “Order” means a written authorization or prescription for the provision of services prescribed by an advance practice registered nurse (APRN), physician’s assistant ~~(PA)~~, or physician or other licensed practitioner with prescribing privileges as authorized by the appropriate NH medical or mental health licensing board.

~~(m) “Other licensed practitioner” means any person licensed or certified under state law to provide medical or mental health services and practicing within the scope of his or her licensure or certification pursuant to the applicable state law for his or her licensure or certification.~~

~~(nm)~~ “Performing-only provider” means a medical or ~~behavioral-mental~~ health care providers that the medicaid program does not allow to independently enroll with medicaid and must be affiliated with an enrolled school provider.

~~(oh)~~ “Physician” means a person licensed to practice medicine in New Hampshire or the state in which he or she practices.

(p) “Psychotherapist” means a licensed clinical social worker, pastoral psychotherapist, clinical mental health counselor, or marriage and family therapist licensed under RSA 326-B who provides psychological services. This definition shall include psychiatrists licensed as physicians under RSA 329 and advanced registered nurse practitioners licensed under RSA 326-B:18 as psychiatric nurse practitioners.

(q) “Psychological services” means the professional treatment, assessment, or counseling of a mental illness, symptom, or condition.

~~(e) “Pre-school services” means services to children age 3 up to the age of entry either into kindergarten or first grade, whichever is applicable.~~

(r) “Private duty nursing” means the provision of skilled nursing services for students who require more individual and continual skilled nursing observation, judgment, assessment, or interventions than are available from a visiting nurse, in contrast to part-time or intermittent care, such as wound care.

~~(sp)~~ “School administrative unit (SAU)” means a legally organized administrative body responsible for one or more school districts pursuant to RSA 194-C:1.

~~(tq)~~ “Section 504 plan (504 plan)” means a plan for services for a student in accordance with Section 504 of the Rehabilitation Act of 1973 as amended.