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/JPPO, 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.

"JPPO" 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/JPPO 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/JPPO 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/JPPO 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/JPPO 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/JPPO 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/JPPO 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/JPPO shall consult with their Supervisor;
- The Supervisor will then consult with the FA;
- If approval is granted through the FA, the CPSW/JPPO 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.