

Rehabilitative Assistance Services Overview



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Rehabilitative Assistance Definition and Qualifications

Rehabilitative assistants (who may also be referred to as paraprofessionals or personal care attendants) shall provide rehabilitative assistance services in accordance with Ed 1113.12.¹ Services shall be medically necessary and require an order.

“Rehabilitative assistance services” means non-skilled interventions covered through the EPSDT benefit and ordered by a physician, physicians’ assistant, APRN, or other licensed clinician, as listed in the student’s care plan ([N.H. Code Admin. R. He-W 589.02 \(y\)](#))

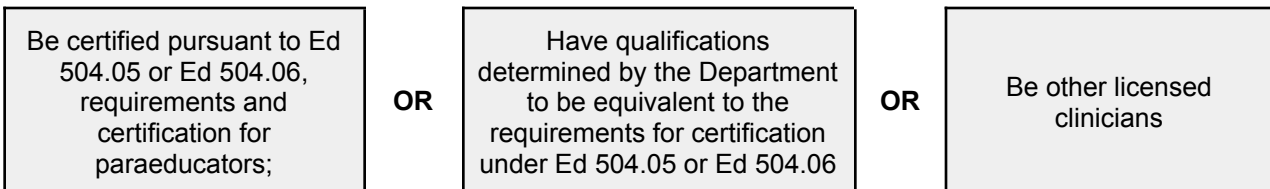
“Medically necessary” means reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of, conditions that endanger life, cause pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and no other equally effective course of treatment is available or suitable for the student requesting the medically necessary service ([N.H. Code Admin. R. He-W 589.02 \(o\)](#))

Rehabilitative assistance services may also be provided by other school staff, such as:

- Licensed Nursing Assistants (LNAs)
- Guidance counselors²
- Board Certified Assistant Behavior Analysts (BCaBAs)
- Registered Behavior Technicians (RBTs)

Professional Requirements^{3 4}

Rehabilitative assistants must:



In addition, if applicable for the tasks delegated to the rehabilitative assistant or if required by law, rehabilitative assistants should **have knowledge in the following areas**:

- Personal care and nutrition
- Infection control and universal precautions designed to prevent the transmission of infectious diseases
- Safety and emergency procedures, including basic first aid and 911 protocols
- Proper lifting techniques.⁵

¹ Ed 1113.12 https://www.gencourt.state.nh.us/rules/state_agencies/ed1100.html

² N.H. Code Admin. R. He-W 589.05 (t)(2)

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/hew589adopted.pdf>

³ N.H. Code Admin. R. He-W 589.04 (ag)

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/hew589adopted.pdf>

⁴ Ed 504: Professional Credentials https://www.gencourt.state.nh.us/rules/state_agencies/ed500.html

⁵ N.H. Code Admin. R. He-W 589.04 (ag)(2)

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/hew589adopted.pdf>

Covered Services

According to the NH Medicaid to Schools Rule⁶, covered rehabilitative assistance services fall under the following covered service categories:

1. **Mobility assistance** such as positioning, transfers, correct application of ankle-foot orthosis, bracing or orthotic devices, range of motion, fall prevention, safety risk precautions, and physical therapy **carry-over tasks** as directed by the licensed physical therapist

"Carry-over tasks" means tasks, therapies, or activities that a rehabilitative assistant performs as instructed by the licensed clinician in support of the care plan's goals or the clinician's treatment plan [N.H. Code Admin. R. He-W 589.02 \(e\)](#)
2. **Communication assistance** and other such devices that ameliorate communication limitations as assistance with sign language, prompting to facilitate expressive and receptive language, assistance with Augmentative and Alternative Communication Services (AAC) devices, and speech language carry-over tasks as directed by the licensed speech language pathologist
3. **Assistance with the implementation of behavioral management plans** to increase adaptive behavioral functioning and carry-over tasks as directed by the mental health practitioner or Board Certified Behavior Analyst (BCBA)
4. **Nutrition such** as assistance with eating, cutting food, food preparation, and safe eating plan carry-over tasks as directed by the speech language pathologist or occupational therapist
5. **Cueing, prompting, and guiding**, when provided as part of the assistance with ADLs, communication, or behavior management
6. **Assistance with adaptive or assistive devices** when linked to the student's medical condition
7. **Assistance with the use of DME** when linked to the student's medical condition;
8. **Medication administration** to the extent allowable under RSA 326-B and pursuant to Nur 404.07 when the rehabilitative assistant has been trained by a nurse in medication administration, and the nurse has delegated the task of medication administration to the rehabilitative assistant

⁶ N.H. Code Admin. R. He-W 589.04 (af)

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/hew589adopted.pdf>

9. **Personal care services** such assistance with ADL and IADL and assistance with occupational therapy, physical therapy, or speech language carry-over tasks

"Personal care services" are Medicaid coverable service that helps Medicaid recipients with everyday tasks. These tasks are called activities of daily living (ADLs), meaning basic self-care tasks such as personal hygiene, grooming, eating, dressing, transferring, mobility, and toileting provided when assistance is needed due to an individual's injury, illness or disability [N.H. Code Admin. R. He-W 589.02 \(s\)](#)

10. **Carry-over of therapy skills** training as delegated by a speech language pathologist, physical therapist, and occupational therapist;
11. **Observation and reporting of signs of distress in the student's medical condition** as trained by a registered nurse;
12. **Implementation of safe eating plans and g-tube feedings** as delegated by a registered nurse with applicable training;
13. **Maintaining a safe environment** to assure the student's safety concerns are met for the student, other students and staff; and
14. Any other remedial services that are included in the student's care plan as medically necessary for the maximum reduction of a student's physical or mental disabilities **excluding** educational and social activities such as classroom instruction and academic tutoring.

The table below provides examples of task-oriented carry-over services and indicates potential licensed clinicians who may delegate those tasks. Please note that **delegation of tasks may be separate from ordering of rehabilitative assistance services or supervision of rehabilitative assistants for the purpose of Medicaid billing**. Not all providers who delegate carry-over tasks can order services. Ordering for rehabilitative assistance services is discussed further in the next section.

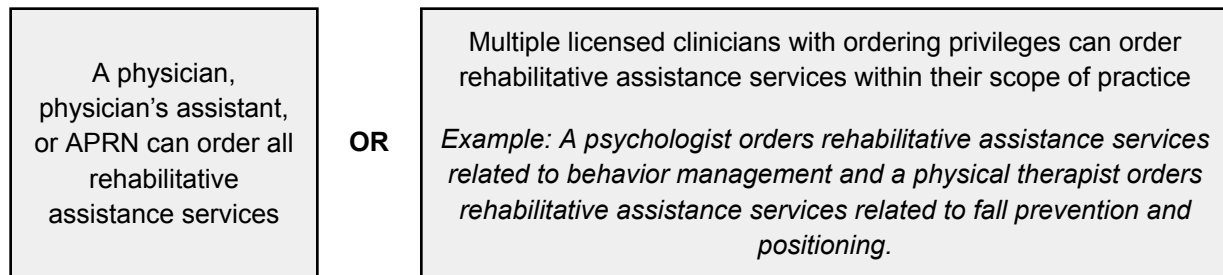
Please also note that **the services listed are examples are not all-inclusive or prescriptive**. Although rehabilitative assistants may also provide educational or social support services to students, only services that are **medically necessary** and **covered** within the NH Medicaid to Schools Rule are considered billable rehabilitative assistance services.

Service Area	Example Carry-Over Activities* <i>Note: These services are examples and are not all-inclusive or prescriptive</i>	Tasks May Be Delegated By <i>Note: Task delegation may be separate from ordering</i>
Nursing	<ul style="list-style-type: none"> • Assistance with self-care (ADLs), including cuing, prompting or guiding, and personal care services • Positioning or repositioning • Assistance with specialized feeding programs (e.g., g-tube feedings as delegated by the nurse) • Management and care of specialized medical equipment • Observation of students with chronic medical illnesses to identify, address, and monitor medical needs • Medication administration (only when trained by a nurse and delegated the task by the nurse) • Other services determined by a RN, LPN, or APRN to be medically necessary and appropriate 	Registered Nurse Licensed Practical Nurse
Physical Therapy	<ul style="list-style-type: none"> • Assistance with self-care (ADLs), including cuing, prompting or guiding, and personal care services • Positioning/repositioning • Transfers • Fall prevention and safety risk precautions • Management and care of specialized medical equipment, such as orthotic devices 	Physical Therapist
Occupational Therapy	<ul style="list-style-type: none"> • Improving skills for ADLs, including cueing, prompting or guiding, and personal services • Application of splinting devices • Sensorimotor activities • Specifically designed manual and creative activities • Guidance in the use of adaptive equipment • Assistance with nutrition (such as with eating, cutting food, food preparation, and safe eating) 	Occupational Therapist
Speech and Language Therapy	<ul style="list-style-type: none"> • Communication assistance (cuing, prompting, etc.) • Nutrition assistance (such as with eating, cutting food, food preparation, and safe eating) • Bridging communication gaps through sign language, prompting to facilitate expressive and receptive language, and assistance with devices as needed to ameliorate communication limitations 	Speech Language Pathologist
Behavioral Health	<ul style="list-style-type: none"> • Assistance with behavioral management plan implementation, including cuing, prompting, or guiding • Maintaining a safe environment 	Psychiatrist Psychologist Clinical Social Worker BCBA

Orders for Rehabilitative Assistance Services

Rehabilitative assistance services billed to Medicaid must be **medically necessary services** that are **documented in the student's IEP, 504 Plan or Health Care Plan** and **ordered** by a licensed clinician with ordering privileges. It is essential that services, including assistance with adaptive or assistive devices or other DME (durable medical equipment) are ordered and clearly linked to the student's medical condition. When documenting the student's needs in their IEP, 504 Plan or Health Care Plan and the services to be provided by the rehabilitative assistant, language describing covered rehabilitative assistant services ([N.H. Code Admin. R. He-W 589.04 \(af\)](#)) can be used.

Like other medically necessary services, licensed professionals may only order rehabilitative assistance services within their scope of practice. Rehabilitative assistance services are multi-disciplinary. Therefore, there are generally two appropriate pathways for obtaining orders for rehabilitative assistance services:



Either approach may be more practical for a school district and is appropriate as long as **all** rehabilitative assistance services are ordered. A list of clinicians who are able to order medically necessary services can be found in the [NH Medicaid to Schools Technical Assistance Guide](#) on pages 95-97.

Rehabilitative Assistant Supervision and Transaction Log Sign Off

Supervision⁷

It is the responsibility of the care team to designate a licensed clinician who will be responsible for supervising the medically necessary tasks that are carried out by the rehabilitative assistant. This supervising licensed clinician may also be referred to as the 30-day reviewer. Although case managers or other special education professionals may be involved in the day-to-day activities of rehabilitative assistants, they are not licensed clinicians and may not supervise rehabilitative assistants or sign off on transaction logs for the purposes of Medicaid billing. The rehabilitative assistant does not have to be within line of sight of the 30-day reviewer 100% of the time. Please see more information [here](#) about which provider types are able to supervise rehabilitative assistants.

⁷ Medicaid to Schools Informational Bulletin 2021-02: Rehabilitative Assistance Services
https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/mtsbulletin202102_0.pdf

Some rehabilitative assistants may provide services in multiple disciplines each day, and some may provide services within one single discipline. It is important to note that the 30-day reviewer may only supervise rehabilitative assistant activities within their scope of practice. Therefore, it is important for each school district to define a process for appropriately determining which licensed clinician should supervise the services performed by a rehabilitative assistant.⁸ In cases where a rehabilitative assistant provides services in multiple disciplines, it may be appropriate to designate the provider who best aligns with the student's primary need (for example, physical therapy) as the 30-day reviewer, with the understanding that this provider will collaborate with other providers to ensure that the rehabilitative assistant receives adequate oversight and feedback for all the services they perform.

The 30-day reviewer must review the rehabilitative assistant's services **every 30 days** (or more frequently at the discretion of the supervising licensed clinician/30-day reviewer). This should include a review of:

- Activities performed by the rehabilitative assistant
- Effectiveness of the activities as observed by the rehabilitative assistant⁹

Documentation of each supervision review session must be included in the student's record, and should include the following:

1. Planned review session date
2. Whether or not the session was held (if not, reason for cancellation)
3. The type of contact (i.e., face-to-face, observation, telephone call)
4. Areas covered during the review (i.e., duties and expectations, skills development)
5. List of trainings completed in the past 30 days (if applicable)
6. Issues identified (if any) and action to be taken
7. Date of next review session
8. Signature of the supervising licensed clinician and date¹⁰

Transaction Log Sign Off¹¹

In addition to the 30 day review requirement, rehabilitative assistant service transaction logs also must be signed by a licensed clinician. The transaction log sign off requirement can be fulfilled during the rehabilitative assistant's 30 day review. As stated in [N.H. Code Admin. R. He-W 589.04 \(aj\)](#): "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". However, the licensed clinician supervising the rehabilitative

⁸ Medicaid to Schools Informational Bulletin 2021-02: Rehabilitative Assistance Services
https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/mtsbulletin202102_0.pdf

⁹ N.H. Code Admin. R. He-W 589.04 (aj)
<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/hew589adopted.pdf>

¹⁰ Medicaid to Schools Informational Bulletin 2021-02: Rehabilitative Assistance Services
https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/mtsbulletin202102_0.pdf

¹¹ Medicaid to Schools Informational Bulletin 2021-02: Rehabilitative Assistance Services
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assistant **does not** have to be the same person who signs the rehabilitative assistant's service transaction logs.

Billing Guidelines

The CPT code used for billing rehabilitative assistance services is H2017 (for psychosocial rehabilitative services), and should include one of the following modifiers:

- **TM:** In the school setting
- **TM HQ:** In the school setting, delivered to a group of 2 or more students

Schools seeking Medicaid reimbursement should at a minimum perform monthly List of Excluded Individuals and Entities¹² (LEIE) or "exclusion list" checks on all individuals providing covered Medicaid services, including rehabilitative assistants, using the [Office of Inspector General \(OIG\) exclusion and sanction database](#).

For the purposes of billing, the NPI number of the ordering provider is used. Rehabilitative assistants do not obtain NPI numbers.¹³ If rehabilitative assistance is provided simultaneously with another covered service, the rehabilitative assistance shall be billed in addition to the covered service.¹⁴ If rehabilitative assistance is provided by more than one rehabilitative assistant simultaneously, each assistant's service shall be billed separately.¹⁵

Rehabilitative Assistance and Transportation

If a rehabilitative assistant needs to accompany a student on the school bus (whether the school bus is a traditional bus or a specially adapted vehicle), the school can be reimbursed for both the rehabilitative assistant's services and the specialized transportation. The rehabilitative assistant's services must be medically necessary, included in the student's IEP, 504, or other healthcare plan, and ordered by a qualified medical provider.¹⁶

¹² HHS-List Of Excluded Individuals and Entities (LEIE): Do Not Pay Quick Reference Card.
<https://www.fiscal.treasury.gov/files/dnp/qrc-leie.pdf>

¹³ NH Medicaid to Schools Billing Guidelines and Billable Procedure Codes
<https://www.dhhs.nh.gov/sites/g/files/ehbem476/files/documents2/mtsbillmanual.pdf>

¹⁴ N.H. Code Admin. R. He-W 589.06 (f)(1)
<https://www.dhhs.nh.gov/sites/g/files/ehbem476/files/documents/2021-11/hew589adopted.pdf>

¹⁵ N.H. Code Admin. R. He-W 589.06 (f)(2)
<https://www.dhhs.nh.gov/sites/g/files/ehbem476/files/documents/2021-11/hew589adopted.pdf>

¹⁶ Medicaid to Schools Informational Bulletin 2022-02: Medicaid Reimbursement for Transportation
<https://www.dhhs.nh.gov/sites/g/files/ehbem476/files/documents2/mtstransbull031822.pdf>