

# NH MEDICAID TO SCHOOLS

## DOCUMENTATION CHECKLIST



**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Enrolled school providers must maintain unique documentation in accordance with the [NH He-W 589 Adopted Rule](#) and the [Provider Manual II: Medicaid to Schools](#) as well as with [He-W 520](#) for the delivered services in each student’s individual record. Required documentation includes:**

**1. Plan of Care (IEP, 504, or other Care Plan):** To be eligible for reimbursement for covered services, a student needs to have a care plan, be less than 21 years of age, be a Medicaid recipient and be served by an LEA or SAU that is a NH Medicaid enrolled school provider (He-W 589.03(a)-(d)).

- A copy of the care plan with demonstrated medical necessity
  - If an IEP, evidence of implementation of the IEP as required by [Ed 1109.04\(b\)](#)
- The name of the student, the medical assistance ID number, and documentation demonstrating receipt of each unit of the covered service

**2. Orders:** Orders must encompass the date of service in order for that service to be billed to Medicaid. If there is no date span, or the date span extends beyond one year, the orders are effective for one year from the date of the signature.

- Description of medical condition to verify medical necessity
- Describe the actual service needed
- The date span or date of signature must be on the order
- Date span must not exceed one year
- Signed and dated by a physician, advanced practice registered nurse, physician assistant, or other licensed practitioner



**3. Credentials, including LEIE “checks”** ([Provider Manual II: Medicaid to Schools](#))

- [Screen](#) all providers of covered services upon hire, prior to executing the contract, and monthly thereafter.
- The documentation of the qualifications, names, and signatures of persons directing or supervising the individuals providing the covered services if direction or supervision is required under this part or applicable law, and the date of supervisory approval.
- Copies of the appropriate service provider qualifications (copy of licensure or documentation of credentials)

**4. Parental Consent:** Provide written notification and obtain consent from parents to access Medicaid funding for medically-related services delivered in a school setting before billing the student’s Medicaid. Signed consent forms should be part of the student’s file.

- Signed consent form

## 5. Daily Service Delivery Documentation: [SFY 2021-03; December 2020; Billing and Auditing Guidance](#)

- Transaction logs
  - Name(s) of the student(s) and the medical assistance ID number
  - Date(s) of service
  - Location of service
  - Type and description of service
  - Name of service provider
  - Signature of service provider
  - A copy of a physician's or other licensed clinician's order if required
  - The duration of the provision of the each covered service, number of units performed, and the number of minutes for each delivered service
  - Start and stop time of delivered services, and whether there was a break in services or time away by the performing provider
  - If service was provided to one child or in a group setting (include how many in group regardless of Medicaid eligibility)
  - Indication of whether the student was actually present for the service and indication whether the student was present for at least 51% of the time
  - Documentation of the qualifications and the handwritten signature of the individual(s) attesting to the medical non-academic nature of the covered rehabilitative assistance services.
- Additional evidence of service implementation
  - Invoices
  - Mileage logs
  - School calendar
  - School attendance records
  - Parental consent to access Medicaid
  - Rate-setting methodology
- [30 Day Review documentation](#) (if applicable): Every 30 days, the licensed clinician designated by the enrolled school provider's care plan team should evaluate and document the rehabilitation assistant's (RA's) level of competency for performing the medical/behavioral tasks outlined in the plan of care. The licensed clinician shall review activities performed by the RA and the effectiveness of such activities as observed by the RA. 30-day review documentation must meet all requirements under He-W 589.06 (d).
  - The 30-day review must be signed by the licensed clinician
  - Must have date of the sessions
  - Must have attestation that the services were provided

### Additional Resources:

- [Illinois School Medicaid Billing & Reimbursement Process](#)
  - [Obtaining Consent](#)
  - [Identifying Eligible Providers](#)
  - [Medical Necessity](#)
  - [Documenting Services](#)
- [CMS Administrative Claiming Guide](#)

