NH Medicaid to Schools Program Experiencing Changes

If your child has Medicaid and an IEP then you may have been asked by your school district to sign permission for them to bill Medicaid for some of your child’s services at school. The practice of billing Medicaid for medical services provided in an IEP has been happening for many years and has provided federal funds to local school districts. The billing of Medicaid by a school district does not affect a student’s ability to receive Medicaid services outside of school but it did require that a student have an IEP.

In 2017 the law in NH changed to allow schools to bill Medicaid for medical services provided to children who have other care plans, such as a 504. This was seen as an opportunity for additional students to receive medical services provided within the school setting.

In July of 2019 the Centers for Medicaid and Medicare Services (CMS) issued new guidance to states which resulted in some changes for New Hampshire. As a result of this guidance NH issued emergency rules on August 27, 2019. The emergency rules will need to be finalized by February 24, 2020.

As the NH Department of Health and Human services goes through the process of writing final rules NH Family Voices has been participating in the stakeholder meetings and asking questions so that we can answer questions from families. We are working to provide education and information to the department about the concerns of families affected by the new rules.

According to the new guidance schools will need an order from a prescribing provider* before they can bill Medicaid for any services. While the rules will require the order, how the schools accesses an order has been a large part of the discussion. DHHS has put a form on their website as a possible way for schools to get an order from a families prescribing physician. NH Family Voices has asked if families will have other options regarding getting an order for services.

*A provider is a professional who, by virtue of their license, has the authority to prescribe treatment.
The research is clear. Studies consistently demonstrate that when families, schools, and communities work together, children experience higher grades, healthier social connections, increased graduation rates, and are more likely to go on to college.

For over 40 years, the Parent Information Center and New Hampshire Family Voices have promoted family engagement, choice, and voice in the systems that support children and families.

On October 3rd, we hosted our annual Family Engagement Recognition Celebration. Each year we hold this event to celebrate individuals and teams of people who have displayed creativity and commitment to family engagement that supports children’s education, health, and well-being at community, local, or state levels.

Award recipients are chosen based on how they meet one or more of the following criteria; communicating effectively, supporting the success of ALL children, shared decision-making, community collaboration, speaking up for EVERY child, and being welcome to ALL families. See our graphic below for details on each category.

This year we honored 19 award recipients covering a wide breadth of individuals, systems, and networks that serve children and families in our state. From educators, therapists, parents, and cultural liaisons, to business owners, and leaders from the nonprofit, mental health, substance abuse, juvenile justice, and public library systems.

“The 2019 honorees confirm that it does take a village. And villages (or communities) that value family voice and rely on those voices to inform their practice and share in their growth thrive!”

Michelle Lewis, Executive Director Parent Information Center

2019 Family Engagement Award Criteria

**Communicating Effectively**
Fostering positive, two-way communication between families and the various providers, systems or agencies that support them (school, health providers, community agencies, etc.)

**Supporting Children’s Success**
Supporting children’s learning and healthy development at home, school and across all community environments.

**Sharing Decision-Making**
Supporting families and service providers to be shared partners in decisions that affect children and families including: promoting family involvement on committees or in programs that advocate system or policy changes; serving as representatives for the community; and/or developing parent leadership.

**Collaborating as a Community**
Supporting collaboration to connect children, families and staff in expanding learning opportunities, community services and civic participation.

**Speaking Up for Every Child**
Empowering families and staff to be advocates for their children and others to ensure that students are treated fairly and have access to a variety of opportunities that will support their success and well-being. This includes working together to share information about how systems operate; sharing resources; resolving problems and conflicts respectfully; and supporting families’ ability to be effective advocates.

**Welcoming All Families into the Community**
Ensuring all families and staff feel welcomed and respected including those with diverse needs, by providing families and staff with opportunities to connect with...
Honoree Spotlight: Teri Ann Cox
Weaving family voice and participation into organizational culture and values

Terri has made sure that family engagement is a core value of the Children’s Center. It is weaved throughout every aspect of the Center’s culture. As visitors step into the lobby, they will see the organization’s values statement, which says, “We believe each and every family deserves the basic needs of food, clothing, shelter, and early education. These families serve as a key contributor to a strong community. We believe their well-being is critical to a healthy community. We also believe society is stronger when it ensures that children and families succeed. We believe society benefits from investment in early care and education. Early care and education that we do WITH families – not FOR families.”

But that is just where it begins. Family members hold leadership roles where their voices and experiences are valued and inform the practices and programs at the Children’s Center. Half of the board of directors are family members who take part in making fiscal choices, developing policy, and implementing procedures.

Last year, Teri formed a social-emotional leadership team designed to include parents. All members of the group participated in a train-the-trainer course for Positive Solutions for Families. The first parent to join the team worked with staff to co-facilitate a six-week Positive Solutions for Families training for family members. Since that time, Teri and the team have developed orientation materials and plan to bring additional family members on to this group.

Not every family member wants to have their voices heard through service on a board or a leadership team, so Terri has made sure there are other, less formal communication loops between staff and families.

They host a Grandparent support group that meets monthly and invites grandparents raising grandchildren, as well as great aunts/uncles, to share their experiences. A newsletter that details the programs, policies, and opportunities for feedback is sent out each month, and each year, the Center distributes a family survey to collect information on family needs, preferences, and assessment of their programming, staff, and communications.

In her acceptance speech, Teri cautioned the audience about family

Continued on page 11.
There’s an app for that!
Apps that promote child, student, and family engagement

Vroom: Early Childhood and Family Engagement

Children’s brains grow fastest from birth through age 5! The FREE Vroom app provides a fun and engaging set of tools and resources designed to inspire families to turn everyday moments into “brain building moments™️.”

Common Sense Media has given this app a 5-star review and said, “Parents and caregivers can use Daily Vroom to help kids learn in everyday situations.”

Vroom tips add learning to mealtime, bath time, bedtime, or anytime. By helping your child learn now, you get them ready for school, friends, and life.

How it works

• Every day, Vroom delivers a fun tip for you and your child right to your phone.
• You’ll get tips chosen for your child’s age. Explore tons of tips and find ones that are just right for your family.
• There’s brain science behind every Vroom tip. With each short activity, you teach your child the life skills that help them thrive.

The Vroom app is available in English and Spanish. This app will appear in your phone’s primary language.

Vroom’s website also offers a variety of tools available to download for free. Download the free Vroom App or use Vroom by Text, and you can turn any moment into a “brain building moment™️”. With Vroom by Text, there is no need for dipping into your data plan! You’ll get tips chosen specifically for your child’s age. You can even register multiple children to a single phone number. With each short activity, you teach your child the life skills that help them thrive.

Go to vroom.org for all the details!

Eye to Eye Empower: Students with Learning Differences

Eye to Eye, a nonprofit dedicated to empowering students who learn differently for more than a decade, has developed a free app to help young people with learning differences discover and share their strengths, challenges, allies, and accommodations through engaging, creative Quests.

Through Quest adventures, students can identify skills, allies, and strengths they need to succeed. There is a video that explains each Quest and provides examples.

Quests encourage self-reflection and help students create their own advocacy plans that can be shared with parents and teachers to help them understand how their students learn best. The advocacy plans can be used by students, parents, and educators in IEP or 504 Plan meetings to spark conversations about creating the conditions for optimal learning environments.

One parent review said, “Each Quest provided insights and thoughtful dialog for my son and me on his strengths and learning style. Students become equipped and empowered to advocate for the specific tools and environment they need to enjoy learning. The advocacy plan helps students, their parents, and teachers become a stronger educational team. Completing each Quest is truly time well spent and a priceless gift for your learner. Everyone I shared the app with has appreciated all it unlocked for their children.”

An educator review said, “As an educator, I hope that teachers will begin to use this in classrooms everywhere. The app teaches skills that many can relate to, and the information it provides is applicable to those with and without LDs. The interface is fun, easy to use, and relevant. A great resource across the board.”

For more information on the Eye to Eye organization, visit eyetoeyenational.org.
Facebook support groups for parents

There are many ways to build a community and learn from other families who are experiencing a situation similar to yours. With busy schedules and the knowledge that we need support at all hours of the day, we searched Facebook to find parent support groups for children with special healthcare needs. Here are just a few! You can go on to facebook and type the group name in bold to find each group below. Remember, information in these groups should not take the place of medical advice from your doctor.

Parent support group of children/teens suffering with migraines is a support group for parents of children suffering with daily headaches/migraines.

ADDitude - ADHD Support Group offers positive connection and support for parents of children with ADHD and related conditions.

Sensory Processing Disorder Parent Support - Jeanette Loftus is the largest Sensory Processing Disorder Page on Facebook.

Parenting Defiant Children and Teens - Support Group’s mission is to provide a supportive and informative community for parents in need.

Hypotonia Parent Support Group is a support group for parents of children who have been diagnosed with low muscle tone (hypotonia).

Support group for parents of kids with hearing loss is a for parents whose kids have hearing loss and related disorders.

The Child with Hashimoto’s Parent Support Group is new and many members are new to this diagnosis for their children, others are veterans who wish to share their experiences and advice with others.

Parents Of Kids With Tourettes Support Group is a place for families dealing with TS and Chronic Tics to share information and support one another through the many challenges that they face.

Parents of Children with Alopecia Areata provides support for parents of children with alopecia areata as well as share educational information about alopecia.

Maneuvering Through The Maze 2019: Now available

NH Family Voices announces a newly updated Maneuvering Through the Maze, A Family Resource Guide for Families and Professionals caring for children with Special Health Care Needs and/or Disabilities. This resource is available in English and Spanish.

The 132 page guidebook is formatted to take the reader from birth through adolescence and transitioning into adulthood with listings of state health and human services agencies, educational resources, private associations and organizations that serve people with physical, developmental, mental health and chronic health conditions and their families. It includes tips on “getting the answers to your questions” and “information you should always have at your fingertips” along this journey.

We have also added organizations and services that can be accessed by all state residents, such as housing, childcare, etc. All links within the document are hot linked for easy access.

If you would like a hard copy please call (603) 271-4525 or Email nhfamilyvoices@nhfv.org or use the ‘Contact Us’ form on the website.
Our lending library has thousands of books for all ages and stages!

The ADHD Book of Lists
By Sandra Rief

Winston Wallaby Can’t Stop Bouncing
By Kay Al-Ghani and Joy Beaney

Medikidz Explain Epilepsy
by Kim Chilman-Blair

The ADHD Book of Lists is a comprehensive, reliable source of answers, practical strategies, and tools written in a convenient list format. Created for teachers (K-12), parents, school psychologists, medical and mental health professionals, counselors, and other school personnel, this resource is filled with the strategies, supports, and interventions that have been found to be the most effective in minimizing the problems and optimizing the success of children and teens with ADHD. The book contains a wealth of information for in school and at home. In addition, The ADHD Book of Lists’ easy-to-use 8 1/2 x 11 lay-flat format is filled with reproducible checklists, forms, tools, and resources.

Winston Wallaby, like most Wallabies, loves to bounce. However, Winston can’t seem to ever sit still and when he starts school he needs help to concentrate. Luckily his teacher Mrs Calm shows Winston how to settle down and focus his mind in class, and he learns new ways to help him with touch, feel, attention and awareness.

This fun, illustrated storybook will help children aged 5-10 with Attention Deficit Hyperactivity Disorder, Sensory Processing Disorder and Autism Spectrum Disorder recognize their sensory needs and develop tools to support them.

It is a helpful introduction for parents, caregivers, and teachers. The book explains hyperactivity and how it can affect a child’s perception of the world, and the appendices at the back provide useful strategies to be adopted at school and at home.

The Medikidz is a comic book series that feature superheroes who live on Mediland, a planet shaped like the human body. They are experts in health and illness and their mission is to teach you all about your body and how illness affects it.

Medikidz Explain Living With Epilepsy – A story about Megan, who quickly turned her diagnosis into an opportunity to advocate for, and inspire those, living with epilepsy through her blog and social media network.

Check out all our Medikidz books through our lending library. Use the link below!

Give us a call at 603-271-4525 or search our catalog by subject online at NHFV.org/how-we-can-help/lending-library/. Books are sent free of charge through the mail with a postage paid return envelope.
Recognize, Respond, Report: Preventing and Addressing Bullying of Students with Special Needs
By Lori Ernsperger Ph.D.

This guidebook gives K–12 educators, administrators, and school counselors research-based interventions to stop bullying in its tracks and prevent it before it starts.

Using a simple framework readers will master the core components of preventing and addressing bullying and disability-based harassment at the district, classroom, and individual levels. An easy fit with existing initiatives, whether you use PBIS or a commercial anti-bullying program, this essential resource will help you create a safe and secure learning environment for all students to reach their full potential.

This book will help;
• distinguish bullying from normal childhood conflicts
• address the current legal ramifications of disability-based harassment
• weave social-emotional learning into the existing curriculum
• establish a positive and welcoming school climate
• collect and analyze data for data-based decision making
• involve parents addressing the issues surrounding bullying

How to Handle Hard-to-Handle Preschoolers:
A Guide for Early Childhood Educators
By Maryln S. Appelbaum

How to Handle Hard-to-Handle Preschoolers is a user-friendly guide that provides early childhood teachers and administrators with a comprehensive overview of the most common kinds of behavioral disorders and learning disabilities in children ages two to five. This handy guide boasts hundreds of easy-to-implement strategies, tips, and techniques. Each chapter covers one or more disorders and includes checklists to help educators better understand and manage hard-to-handle children.

This user-friendly resource provides a comprehensive overview of disorders from ADHD to Tourette’s syndrome and offers guidelines for meeting students’ needs within an inclusive environment.

The author illustrates ways to help young children learn how to:
• Regulate their own behavior
• Solve problems
• Use alternatives to negative behaviors
• Handle their emotions appropriately
• Succeed in the classroom and in everyday life
These are the questions we presented to DHHS and their answers:

**If a school adopts the Medicaid order form posted on the DHHS website, does this mean a family may take the form to their provider for a signature thereby making it possible for the school to bill Medicaid for the services that have been checked off?**

**Department Response:** While it is not a requirement, the Department encourages schools and families to work to coordinate review of the IEP or care plan’s services with the student’s primary care physician. The order form is one tool that could be used to facilitate an appropriate order in support of the services. The Department, through stakeholder engagement meetings, is trying to ascertain whether having a student’s current provider support the ordering of the IEP’s or care plan’s services is workable both from the school and provider perspective. The Department will provide an updated response in the near future.

**If the school does not officially adopt the form is it still a tool that a family could use if they are not comfortable giving the school access to their doctor?**

**Department Response:** As indicated in the previous response, The Department encourages schools and families to work to coordinate review of the IEP or care plan’s services with the student’s primary care physician. The order form is one tool that could be used to facilitate an appropriate order in support of the services.

**How will any of these changes affect a family’s ability to receive Medicaid funded services outside of the school?**

**Department Response:** The ability to receive medically necessary services outside of the school setting will not be impacted assuming all other Medicaid criteria are met such as the individual being Medicaid eligible, the provider being appropriately licensed and qualified to deliver the services, and the services being Medicaid coverable.

**At the meeting we heard that the implementation of SB 235 was what got the attention of CMS to look closer at NH and its provision of Medicaid to Schools. Is that a correct statement?**

**Department Response:** In the fall of 2018, the Department issued an emergency rule to expand the population of students schools could bill for Medicaid reimbursement as required by SB 235. CMS contacted the Department to clarify that some aspects of the rulemaking were incorrect and would need to be resolved in the next rulemaking proposal. During subsequent conversations with CMS in the spring of 2019, rulemaking was halted so that the Department could transition administration of the benefit to the Division of Medicaid Services to more fully align the benefit with the
NH Medicaid program and to meet the requirements of the recent July 1, 2019 CMS and SAMHSA joint guidance. This guidance is posted on the Department’s webpage at [https://www.dhhs.nh.gov/ombp/medicaid/mts/index.htm](https://www.dhhs.nh.gov/ombp/medicaid/mts/index.htm)

**What DHHS agency will be overseeing the Medicaid to Schools program going forward?**

**Department Response:** The Division of Medicaid Services will be overseeing the administration of the benefit.

**NH schools have been audited in the past so why were the “discrepancies” identified by CMS not picked up before? Have schools changed something or did CMS make changes to their rules?**

**Department Response:** Audits performed by CMS are limited claims based audits, and generally are not programmatic audits. Recent clarification from CMS was based on the inclusion of waiver services in the rule, and the fact that CMS clarified that there is no distinct or separate Medicaid program for Medicaid coverable services delivered in schools. Further, the joint CMS and SAMHSA guidance indicated that all Medicaid requirements such as qualified providers, eligible individuals, and other regulatory requirements apply to Medicaid services delivered in schools.

We are unclear why a speech and language assistant can be covered, but a speech and language specialist (who has a higher level of training) is not? Is this a NH rule or Federal?

**Department Response:** The joint CMS and SAMHSA guidance states that practitioners who furnish services in schools must meet applicable qualifications established by the state and those qualifications must minimally be the same as those providers who furnish services in other settings in the community.

Schools continue to be fully eligible to seek Medicaid reimbursement for services delivered by qualified treatment providers as defined under the Social Security Act and state law.

This means that individuals must be medical or behavioral health practitioners licensed and practicing within the scope of their board licensure. An individual only possessing a NH Dept. of Education credential or license is qualified to perform educational work as permitted by that license or certification, and unless that individual holds a medical or mental health licensure by an authorizing board, schools are not able to seek Medicaid payment for any services delivered by them.

Speech language specialists were removed as qualified providers under the rule because they are not licensed by the NH Board of Speech-Language Pathologists, and accordingly, are not able to deliver services outside of the school setting as licensed practitioners. Some speech language specialists may hold other licenses by other medical or mental health boards and if so, their services could be reimbursable under Medicaid.

Because public education is free to families how will the department ensure that it is not the parent’s responsibility to obtain, arrange or pay for any visit with the provider that is required to obtain the order?

**Department Response:** NH Medicaid recipients do not have copayment obligations to meet when they see a practitioner. If a provider requires a family to come in for a visit for review of the student’s care plan, or to obtain an order for the services, NH Medicaid would pay the provider for the office visit if the nature of the visit meets the applicable criteria for a Medicaid covered service. The Department is looking into additional flexibility beyond a medical appointment or office visit, and will provide an updated response in the future.

“(b) requires the child to be present for at least 51% of a session for the session to be eligible for Medicaid reimbursement (this 51% rule comes up in several places)”. How is it to be handled if the child’s situation does not support them being present for that long? As an example, to appropriately meet the needs of a child...
with a significant emotional/behavioral disability or mental illness, a teacher or service provider may require consultation from a psychiatrist, psychologist or mental health provider. To have the child present during this consultation may not be appropriate or healthy for the child, and, in some cases potentially harmful to the child’s emotional well-being. Similarly, a parent may need to consult with the specialist in order to learn strategies to respond to the child’s behaviors, but to have the child present during those discussions would be counter-productive. If the child needed to be present for a certain percentage of time over a year of service, that would be more manageable, but to have the 51% rule apply to each individual session may not benefit the child and in fact do harm.

Department Response: CMS advised that in order for medical services to be billed to Medicaid, a student must be present for some portion of a consultation, because Medicaid is a medical assistance program, which means services are being delivered directly to a Medicaid beneficiary. Given this CMS clarification, a student should be present for some delivery of services for at least half of the visit. Thus, schools should only seek reimbursement for consultations that include the student for at least 51% of the consultation time and bill the correct CPT code for this service.

Will the physician authorizing the services within the IEP have to be a physician who is part of the family’s Managed Care Company? We believe the answer to this is no but need to clarify.

Department Response: As the Medicaid to Schools benefit is currently structured, the physician ordering the services is not required to be the in-network physician of the family’s managed care plan.

What would a doctor be authorizing for preschool services? They are bundled in the regs so what course of treatment is the physician authorizing?

Department Response: A doctor would be ordering the discreet services, which will be delivered in the preschool setting for the particular child. In the regular rulemaking proposal, the Department will remove preschool services as a service category because preschool is a setting in which the coverable services are being delivered. Schools will be provided with updated CPT codes to bill the discreet services rather than a bundled code.

If a student is entering the school with an IFSP can the school use that “plan” as a way to bill for additional evaluation to determine eligibility for IEP?

Department Response: The determination of eligibility for an IEP is not, in and of itself, a medical service nor a determination of medical needs, and the IEP team might not be composed of qualified treatment providers under Medicaid. Therefore, it is not eligible for Medicaid reimbursement. Questions regarding IEP eligibility and the qualifications can be found in the DOE’s regulations.

This free resource is intended for sharing so please continue to “Pass It On” to friends, family and professional you think might find it useful.
surveys, “My caution in this area is to avoid “survey fatigue” or “faux inclusion.” Parents have been surveyed for years, but engagement at the Center was extremely low when I came on board a little over two years ago. Why? I believe it was because they never knew what happened to the survey. My advice is to follow up with your parents post-survey. Make sure you thank them for the feedback, tell them what you heard, and explain what you are going to do about it. And then do it! If you are not committed to following through, then don’t do this year’s survey! I was pleased that with our last survey, we had a 59% response rate. That far exceeds the 19% response rate we got three years ago.”

As Teri concluded her speech, she shared advice for leaders and coaches who might want to make improvements in their organizations.

Teri said, “I would challenge you first to check the staff’s philosophy and approach. Do they believe collaborating with families is critical to a child’s success? Are they willing to take the time to communicate to ALL families (beyond the traditional newsletter or group email)? Do they make a timely phone call or send a text message with curriculum content or an update of new skills being learned? Are they focused on the best way to connect with parents and provide access to the classroom resources which will support a child’s growth? Or do they just connect when there is a problem or concern?

...Come the new year, an objective around family engagement will be in each of our staff’s performance plans. Individually, they will map out what better family engagement looks like for them and what professional development resources they need to grow in this area. I believe you get what you measure. And I will ask them to do nothing more than what I believe I must do too. Organizations, schools, and centers who are most likely to engage parents have leaders who are more likely to be directly involved in initiating, planning, and implementing activities with families vs. just appearing at events as the figureheads and delegating these activities to staff. Like my team, I look forward to learning and growing in this area and becoming a better partner with our families. As one of my favorite single mothers, Harry Potter author J.K. Rowling, once said, ‘We have the power to imagine better.’ Better for the children we serve and better for the families we work with.”

We congratulate Teri on her leadership and building an organizational culture centered on meaningful family engagement.

Follow us on Facebook!

We post events, opportunities and news. Our online community is a great way to connect with other families like yours!

Be sure to click the “get notifications” option so that you receive all updated information.

We also host a private Facebook group for families to connect with one another in a more private setting.

Our staff and group members exchange information, resources and support around the clock.

facebook.com/groups/nhfamilyvoices/
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