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Rep. Bove, Rock. 5  
Rep. M. MacKay, Hills. 30  
Rep. M. Pearson, Rock. 34  
Rep. P. Long, Hills. 10  
April 17, 2017  
2017-1421h  
05/04

Amendment to SB 235-FN

1 Amend the bill by replacing all after the enacting clause with the following:

2  
3 1 New Section; Medicaid to Schools for Medical Services. Amend RSA 167 by inserting after  
4 section 3-j the following new section:

5 167:3-k Medicaid to Schools For Medical Services Program.

6 I. There is established within the department of health and human services a Medicaid  
7 reimbursement program to be known as the "Medicaid to schools for medical services" program  
8 providing medical assistance for covered services furnished to children in public schools. The  
9 purpose of the program is to seek Medicaid reimbursement for services provided by local school  
10 districts and school administrative units to children which are reimbursable under federal law but  
11 which would otherwise be fully funded by such districts or administrative units. General fund  
12 dollars allocated to the department of health and human services shall not be used for matching the  
13 federal financial participation for Medicaid reimbursement. All matching dollars for Medicaid to  
14 schools medical services shall come from the local school districts or school administrative units.  
15 The program shall be voluntary and administered by the department in the same, or similar,  
16 manner as the Medicaid to schools program established in RSA 186-C:25. This section shall not be  
17 construed to increase school district responsibility or liability beyond what is required by other state  
18 or federal law.

19 II. Eligible services may be provided to Medicaid-eligible children and may include services  
20 defined through rulemaking pursuant to paragraph IV under the following conditions:

21 (a) The service is a covered Medicaid service, provided in accordance with the approved  
22 state plan methodologies, including coverage under the Early and Periodic Screening Diagnostic  
23 and Treatment benefit provided to children.

24 (b) The provider is a Medicaid-participating provider and meets all federal and state  
25 provider qualification requirements.

26 (c) The state plan contains a payment methodology for determining rates that are  
27 consistent with efficiency, economy, and quality of care.

28 (d) Third party liability requirements are met.

29 (e) Medicaid payment does not duplicate other specific payments for the same service.

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1 (f) The state and provider maintain auditable documentation to support claims for  
2 federal financial participation (FFP).

3 (g) The state conducts appropriate financial oversight of provider billing practices.

4 (h) All other federal and state program requirements for the service, payment, and  
5 associated claiming are met.

6 III. Services provided under this section shall:

7 (a) Be provided to children in conformity with any medical criteria necessary for  
8 Medicaid reimbursement.

9 (b) Be provided only after obtaining informed parental consent.

10 IV. The commissioner of the department of health and human services, after consultation  
11 with the commissioner of the department of education, shall adopt rules, pursuant to RSA 541-A,  
12 relative to:

13 (a) Further defining services eligible for Medicaid reimbursement under this section. In  
14 defining such services, the commissioner shall, to the extent practicable, seek to maximize the  
15 availability of federal financial assistance to local school districts and school administrative units.

16 (b) State plans and reimbursement procedures necessary for local school districts or  
17 school administrative units to receive appropriate Medicaid reimbursement for eligible services  
18 under paragraph II that are provided or paid for by school districts or school administrative units.

19 (c) Monitoring mechanisms to ensure that services provided under this section meet the  
20 requirements of paragraph III. Monitoring responsibilities shall be consistent with the jurisdiction  
21 of the different departments.

22 (d) A financial mechanism by which the federal mandatory matching requirement is  
23 met through collection, or other means, of 50 percent of the cost of allowable services from local  
24 school districts and/or school administrative units.

25 V. Billing for services in accordance with this section shall not commence until the  
26 administrative rulemaking procedure required under paragraph IV is complete and shall be for  
27 services provided on or after the effective date of such rules.

28 VI. New Hampshire local school districts or school administrative units shall be the  
29 enrolled Medicaid providers for the purpose of administration and billing.

30 2 New Paragraph; Medicaid to Schools Program. Amend RSA 186-C:25 by inserting after  
31 paragraph VI the following new paragraph:

32 VII. Beginning on September 1, 2018, the commissioner of the department of health and  
33 human services shall submit an annual report to the senate president, the speaker of the house of  
34 representatives, and the chairpersons of the house and senate finance committees regarding the  
35 total cost of the Medicaid to schools program and the number of students who received services  
36 through the program during the prior school year.

37 3 Department of Health and Human Services; Rulemaking. The department of health and

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- 1 human services shall initiate the rulemaking required under RSA 167:3-k, as inserted by section 1  
2 of this act, no later than September 1, 2017.
- 3 4 Effective Date. This act shall take effect 60 days after its passage.

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AMENDED ANALYSIS

This bill establishes a Medicaid to schools for medical services program, which allows schools to pay for services provided to children with medical needs, regardless of whether the student receives special education services through an individualized education plan (IEP). The bill also adds a reporting requirement to the existing Medicaid to schools program.