

Readopt with amendment He-W 548, effective 8-26-2015 (Document #10914), to read as follows:

PART He-W 548 EXTENDED SERVICES TO PREGNANT WOMEN

He-W 548.01 Definitions.

- (a) “Department” means the New Hampshire department of health and human services.
- (b) “Extended services” means services rendered to pregnant and postpartum women in addition to routine medical prenatal and postpartum care with the purpose of improving birth outcomes and parenting skills.
- (c) “Medicaid” means the Title XIX and Title XXI programs administered by the department, which makes medical assistance available to eligible individuals.
- (d) “Postpartum period” means the period that begins on the last day of pregnancy and extends through the end of the month in which the ~~60-day~~ 12 month period following termination of pregnancy ends.
- (e) “Recipient” means any individual who is eligible for and receiving medical assistance under the medicaid program.
- (f) “Title XIX” means the joint federal-state program described in Title XIX of the Social Security Act and administered in New Hampshire by the department under the medicaid program.
- (g) “Title XXI” means the joint federal-state program described in Title XXI of the Social Security Act and administered in New Hampshire by the department under the medicaid program.

He-W 548.02 Recipient Eligibility. All medicaid recipients shall be eligible for extended services during pregnancy and through the postpartum period.

He-W 548.03 Provider Participation. All providers of extended services shall:

- (a) Be under current contract obligation with the maternal and child health section, division of public health services as a prenatal program or as a primary care agency providing prenatal care; and
- (b) Be a New Hampshire enrolled medicaid provider.

He-W 548.04 Covered Services. The following services shall be covered, rendered singularly or in any combination during a calendar month, and in accordance with the recipient’s plan of care:

- (a) Social services including:
 - (1) An initial assessment;
 - (2) Assisting the recipient in identifying ~~her~~ the recipient’s ongoing needs and referring the recipient ~~her~~ to appropriate services; and
 - (3) Home visits;

(b) Care coordination between a recipient and any other individuals or agencies involved in the recipient's care, including:

- (1) Communicating outcomes or status to appropriate providers;
 - (2) Providing liaison assistance during the transition process to ongoing health, mental health, or social services;
 - (3) Assisting with arrangements for transportation, childcare, or community services;
 - (4) Making referrals to other agencies, programs, and community services, including the federal special supplemental food program for women, infants and children;
 - (5) Follow-up to ensure the delivery of necessary services, including tracking missed appointments, rescheduling, and the identification and resolution of care barriers; and
 - (6) Intra-agency consultations concerning the recipient's care needs;
- (c) Individual or group education including:
- (1) Education about the health implications of risk behavior, such as smoking, and use of alcohol and other drugs;
 - (2) Education about infant health, mental health, and development, including positive parenting and its role in infant and child development; and
 - (3) Individual instruction about the course of pregnancy, delivery, and child care; and

(d) Nutritional services including:

- (1) An initial assessment of the recipient's current nutritional status;
- (b) Nutritional counseling; and
- (c) Assisting the recipient in identifying the recipient's ongoing needs and appropriate services.

He-W 548.05 Non-Covered Services. Any other medical services that are covered under the New Hampshire medicaid program, pursuant to He-W 522 through He-W 577 ~~or~~ and He-M 426 through He-M 701 shall not be covered as part of extended services to pregnant women.

He-W 548.06 Required Documentation. The provider shall maintain the following documentation for all extended services care provided:

- (a) A plan of care containing:
 - (1) The initial assessment, which shall contain:

- a. The recipient's name and medicaid identification number;
- b. The date of entry into clinic service;
- c. The number of weeks of gestation at the date of entry;
- d. The recipient's medical, nutritional, and social needs and risks;
- e. A listing of services and types of providers to be used, to address the recipient's needs and risks, as well as the frequency of services;
- f. A dated signature on the plan of care by the physician or advanced practice registered nurse, or a physician assistant if so delegated by a physician in accordance with Med 603.01, along with the signature of the recipient, approving the plan of care;
- g. A statement signed by the recipient which gives the agency staff permission to discuss the recipient's needs with other medical and social service caregivers; and
- h. The date of, and reason for, discharge from the program;

(2) Ongoing plan of care notes, relating to the original plan of care, containing:

- a. Date(s) of service(s); and
- b. Description of service(s); and

(3) Changes to the original plan of care described in (1)d. and (1)e. above, to be attached to the original plan of care;

(b) Attendance records for any group education attended by a recipient;

(c) An extended services summary sheet listing the recipient's name and medicaid identification number, and the date(s) and type(s) of extended service(s) rendered;

(d) Supporting records in accordance with He-W 520 and this part, and failure to maintain records in accordance with He-W 520 and this part shall entitle the department to recoupment of state and federal medicaid payments made as permitted by 42 CFR 455 and 42 CFR 447; and

(e) Documentation required by He-W 520 and this part for a minimum of 6 years or until the resolution of any legal action(s) commenced within the 6 year period, whichever is longer.

He-W 548.07 Utilization Review and Control. The department's provider integrity unit shall monitor utilization of extended services to pregnant women to identify, prevent, and correct potential occurrences of fraud, waste, and abuse, in accordance with 42 CFR 455, 42 CFR 456, and He-W 520.

He-W 548.08 Third Party Liability. All third party obligations shall be exhausted before the medicaid program is billed, in accordance with 42 CFR 433.139.

He-W 548.09 Payment for Services. Payment for extended services to pregnant women shall be made as follows:

(a) Rates of payment shall be at a monthly rate established by the department in accordance with RSA 161:4, VI(a);

(b) At least one of the services described in He-W 548.04 shall be provided each month, in order for the monthly rate to be billed by the provider;

(c) The provider shall submit claims for payment to the department's fiscal agent; and

(d) The provider shall maintain supporting records, in accordance with He-W 520 and He-W 548.06, and the department shall be entitled to recoupment of state and federal medicaid payments made in violation of 42 CFR 455 and 42 CFR 447.

APPENDIX

Rule	Specific State or Federal Statute the Rule Implements
He-W 548.01	RSA 167.68, IV(a); 42 CFR 440.250(p)
He-W 548.02	42 CFR 440.210; 42 CFR 440.220; 42 CFR 440.225; 42 CFR 440.250(p)
He-W 548.03	42 CFR 440.50; 42 CFR 440.60(a); 42 CFR 440.70; 42 CFR 440.90; 42 CFR 440.130; 42 CFR 440.165; 42 CFR 440.166
He-W 548.04	42 CFR 440.250(p); 42 CFR 440.210(a)(2)
He-W 548.05	42 CFR 440.250(p)
He-W 548.06	42 CFR 440.250(p); 42 CFR 455; 42 CFR 447
He-W 548.07	42 CFR 456.3
He-W 548.08	42 CFR 433.139
He-W 548.09	42 CFR 455; 42 CFR 447; RSA 161:4, VI(a)