

<b>STATE OF NEW HAMPSHIRE BDS GENERAL MEMORANDUM (GM)</b>	
<b>DATE:</b>	January 12, 2024
<b>TO:</b>	Designated Area Agencies, Service Coordination Agencies, all In Home Supports, Developmental Disabilities, and Acquired Brain Disorder Waiver Service Providers
<b>FROM:</b>	DHHS Bureau of Developmental Services
<b>SIGNATURE:</b>	<i>Melissa Hardy</i>
<b>SUBJECT:</b>	<b>Specialty Services (SSL)</b>
<b>GM NUMBER:</b>	GM#24-03
<b>EFFECTIVE DATE:</b>	January 12, 2024
<b>REGULATORY GUIDANCE:</b>	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

<b>MEMORANDUM SUMMARY</b>
The purpose of this memorandum is to provide clarification and updated information regarding Specialty Services.

**I. Specialty Services (SSL)**

- Specialty Services: Are intended for recipients whose needs in the areas of medical, behavioral, therapeutic, health and personal well-being require services which are specialized pertaining to unique conditions and aspects of developmental disabilities. Specialty Services are utilized to provide assessments and consultations and are used to contribute to the design, development and provision of services, training support staff to provide appropriate supports as well as the evaluation of service outcomes and transportation if applicable
- Specialty Services should be used for those situations where the needed service is not covered by New Hampshire’s Medicaid State Plan.

**II. Rate, Procedure Codes and Associated Definitions**

### Developmental Disabilities Waiver

<b>Service Description</b>	<b>MMIS Procedure Code</b>	<b>Mod 1</b>	<b>Mod 2</b>	<b>Mod 3</b>	<b>Mod 4</b>
Specialty Services - Assessment/Consultation	G0505	SE	UA		
Specialty Services - Assessment/Consultation - Participant Directed Managed Services	G0505	SE	UA	U9	
Specialty Services - Skills Training & Development - Level 1	H2014	SE	UA	U1	
Specialty Services - Skills Training & Development - Level 1 - Participant Directed Managed Services	H2014	SE	UA	U1	U9
Specialty Services - Skills Training & Development - Level 2	H2014	SE	UA	U2	
Specialty Services - Skills Training & Development - Level 2 - Participant Directed Managed Services	H2014	SE	UA	U2	U9
Specialty Services - Therapeutic Behavioral Services - Level 1	H2019	SE	UA	U1	
Specialty Services - Therapeutic Behavioral Services - Level 1 - Participant Directed Managed Services	H2019	SE	UA	U1	U9
Specialty Services - Therapeutic Behavioral Services - Level 2	H2019	SE	UA	U2	
Specialty Services - Therapeutic Behavioral Services - Level 2 - Participant Directed Managed Services	H2019	SE	UA	U2	U9

### Acquired Brain Disorder Waiver

<b>Service Description</b>	<b>MMIS Procedure Code</b>	<b>Mod 1</b>	<b>Mod 2</b>	<b>Mod 3</b>	<b>Mod 4</b>
Specialty Services - Assessment/Consultation	G0505	SE	UB		
Specialty Services - Assessment/Consultation - Participant Directed Managed Services	G0505	SE	UB	U9	
Specialty Services - Skills Training & Development - Level 1	H2014	SE	UB	U1	
Specialty Services - Skills Training & Development - Level 1 - Participant Directed Managed Services	H2014	SE	UB	U1	U9
Specialty Services - Skills Training & Development - Level 2	H2014	SE	UB	U2	
Specialty Services - Skills Training & Development - Level 2 - Participant Directed Managed Services	H2014	SE	UB	U2	U9
Specialty Services - Therapeutic Behavioral Services - Level 1	H2019	SE	UB	U1	
Specialty Services - Therapeutic Behavioral Services - Level 1 - Participant Directed Managed Services	H2019	SE	UB	U1	U9
Specialty Services - Therapeutic Behavioral Services - Level 2	H2019	SE	UB	U2	
Specialty Services - Therapeutic Behavioral Services - Level 2 - Participant Directed Managed Services	H2019	SE	UB	U2	U9

**Specialty Services - Skills Training & Development (T&D):** Functions as supports associated with ongoing clinical services and may include items such as:

- Interview or observation with Individuals and Support Team members to identify needs or foster development of clinical skills.
- Participation in team meetings, including Circles of Support and Accountability (COSA).
- Program oversight and upkeep work required to collect, review, analyze, and respond to incidents or other forms of behavioral data.
- Training conducted to help generalize clinical skills or foster development of appropriate replacement behaviors for Individuals.

**Specialty Services - Therapy/Behavioral Services:** Utilized for therapy or behavioral consultation and may include the following:

- Individual Therapy: commonly includes specialized modalities of clinical services adapted to the needs of individuals with disabilities or subpopulations.
- Group Therapy: commonly includes specialized modalities of clinical services adapted to the needs of individuals with disabilities or subpopulations.
- Behavioral Consultation: commonly includes ongoing required Behavior Support Plan training as well as any ongoing work required in updating Behavior Support Plan beyond that which was included in the initial Specialty Services-Assessment/Consultation request associated with initial Behavior Support Plan development.

**Specialty Services- Assessment/Consultation:** Multiple different forms of single instance or short duration clinical evaluation. Common examples include, but are not limited to the following:

- Behavior Support Plan (Initial Development and Initial Training)
- Comprehensive Risk Assessment
- Risk Management Plan
- Neuropsychological/Neuropsychosocial Evaluation
- Multidisciplinary Team Evaluation
- FirePsych Evaluation

### **III. Specialty Services Provider Qualifications:**

- SSL Level 1 Provider Qualifications: Providers with a Master's degree or a nationally recognized certificate program. SSL Level 1 may also be used for providers with a Bachelor's degree who are under the supervision of a Masters or Doctoral level clinician with experience/knowledge in the particular area.
- SSL Level 2 Provider Qualifications: Providers with a Doctorate-level credentials, such as, but not limited to: Psychiatrists, Neurologists, Psychologists, Physicians Assistant (PA), Advanced Practice Registered Nurse (APRN) (depending on specialty and service for the PA and APRN).
- SSL Assessment/Consultation: Varies based on the credentials required for specific types of evaluations. For example, there is an expectation that in order to complete a Neuropsychological Evaluation, the clinician will meet criteria necessary to complete this type of work as identified in standards for this specific discipline.

### **IV. Specialty Services Provider Enrollment:**

- Providers of any service provided under SSL 1 or SSL 2 must enroll as Medicaid Developmental Services Provider prior to providing services.
- Providers providing Services under SSL Access/Consult may choose not to enroll and utilize the 10 Area Agencies as the Organized Health Care Delivery System (OHCDs). Please refer to Pass-Through Guidance Document for additional information.

