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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2800
MEDICAID SERVICES MANUAL	Subject: INTRODUCTION

SCHOOL ~~BASED CHILD~~ HEALTH SERVICES

2800 INTRODUCTION

School ~~Based Child~~ Health Services (SBCHS) are medical services provided ~~through a child's local school district~~ by a Local Education Agency (LEA) or State Education Agency (SEA) for ~~children who attend public schools in Nevada. SHS are provided to Medicaid eligible students.~~ SHS that are medically necessary services listed in the student's Plan of Care (POC), and/or preventive services that are coverable under Early Periodic Screening, Diagnostic, and Treatment (EPSDT) as defined in 42 Code of Federal Regulations (CFR) 440.40(b). Services listed in a POC are designed to meet the health needs of a child and work towards the appropriate reduction of the impact of a physical or mental impairment and restoration to of the child's to the best possible functional level. SBCHS are provided to a Medicaid eligible student who meets the Individuals with Disabilities Education Act (IDEA) criteria. SBCHS are reimbursable under the Medicaid program to recipients with special needs pursuant to an Individual Education Plan (IEP). Services are provided in the school setting or other site in the community and may include psychological counseling, nursing services, physical therapy, occupational therapy, speech therapy, audiology, and durable medical equipment.

All Medicaid policies and requirements (such as prior authorization, etc.) ~~except for those listed in Section 1003.14 of the Nevada Check Up Manual, Chapter 1000 are the same for Nevada Check Up~~ are the same for Nevada Check Up (NCU) recipients, with the exception of the areas where Medicaid and NCU policies differ as documented in the NCU Manual, Chapter 1000.

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2801 AUTHORITY

~~School-Based Child Health Services (SBCHS)~~ contain an element of early detection and preventive service delivery. ~~Early Periodic Screening, Diagnosis and Treatment (EPSDT)~~ is a mandatory benefit authorized by 1905(a) and 1903(4)(c) of the Social Security Act.

SBCHS also contains a rehabilitative element of service delivery. These services are optional benefits under the program and include services authorized in the Nevada Medicaid State Plan. ~~may include psychological counseling, nursing services, physical therapy, occupational therapy, speech therapy and durable medical equipment supplies.~~

Federal regulations governing ~~SBCHS~~ are:

- Social Security Act Section 1903(c)
- Social Security Act Section 1902(a)(30)(A)
- ~~42 Code of Federal Regulations (CFR) 441.58.c.~~
- 42 CFR 440.110, 440.130.d and 440.170
- 42 CFR 447.201
- 42 CFR 431.53
- 42 CFR 435
- 34 CFR 300.154(d)(2)(iv)
- 34 CFR 300.300

State regulations governing SHS are:

- Nevada Administrative Code (NAC) 640A.020
- NAC 640.001 to 006
- State Plan Amendment 3.1-A, ~~G and H~~

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2802 DEFINITIONS

504 ACCOMODATION PLAN

A plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment.

ACCOMMODATIONS

Supports or services provided to help a student access the general curriculum and facilitate learning.

ACTIVITIES OF DAILY LIVING (ADLs)

Self-care activities routinely performed on a daily basis, such as bathing, dressing, grooming, toileting, transferring, mobility/ambulation, and eating.

ADAPTIONS

Any procedure intended to meet an educational situation with respect to individual differences in ability or purpose.

ANNUAL GOAL

A statement in a student's IEP that describes what a child with a disability can reasonably be expected to accomplish within a 12-month period in the student's special education program. There should be a direct relationship between the annual goals and the present levels of educational performance.

APPLIED BEHAVIOR ANALYSIS (ABA)

The design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

ASSISTIVE COMMUNICATION DEVICE (ACD)

Assistive communication device (ACD) is ~~A durable~~ ~~Durable medical~~ ~~Medical equipment~~ ~~Equipment (DME)~~ which helps speech, hearing, and verbally impaired individuals communicate.

AUDIOLOGY TESTING

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Audiology testing is evaluation/testing performed by an audiologist licensed by the appropriate licensure board of the state to determine extent of hearing impairments that affect the student's ability to access education. Audiology testing includes hearing and/or hearing aid evaluations, hearing aid fitting or reevaluation, and audiograms.

AUTISM SPECTRUM DISORDER (ASD)

A group of developmental disabilities that can cause significant social, communication, and behavioral challenges.

BY OR UNDER DIRECTION OF

“By or under the direction of” means that the Medicaid qualified staff providing direction is a licensed practitioner of the healing arts qualified under state law and federal regulations to diagnose and treat individuals with the disability or functional limitations, is operating within their scope of practice defined in Nevada State law, and is supervising each individual’s care.**CONTINUUM OF SERVICES**

The range of services which must be available to the students of a school district so that they may be served in the least restrictive environment.

COUNSELING SERVICES

A short term structured intervention with specific aims and objectives to promote the student’s social, emotional, and academic growth within the school environment.

DISABILITY

A physical, sensory, cognitive or affective impairment that causes the student to need special education services.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

Early and Periodic Screening, Diagnosis, and Treatment Services are a preventive health care program, the goal of which is to provide to Medicaid eligible children under the age of 21 the most effective, preventive health care through the use of periodic examinations, standard immunizations, diagnostic, and treatment services which are medically necessary and designed to correct or ameliorate defects in physical or mental illnesses or conditions. 42 United States Code (U.S.C.) Section 1396.d (a)(4)(B). Nevada’s program is named Healthy Kids.

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FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

A group of developmental conditions resulting from maternal alcohol use during pregnancy.

FREE APPROPRIATE PUBLIC EDUCATION (FAPE)

A federal statutory requirement that children and youth with disabilities receive a public education appropriate to their needs at no cost to their families.

INDIVIDUAL FAMILY SERVICE PLAN (IFSP)

A plan for special services for young children from birth to three years of age with disabilities. The goals that are put into place within an IFSP are targeted toward the family versus the goals within an Individualized Education Program (IEP) which are targeted specifically towards the student.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The federal law that mandates that a free and appropriate public education is available to all school-age children with disabilities.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

A written plan for every student receiving special education services that contain information such as the student's special learning needs and the specific education services required for the student. The document is periodically reviewed and updated at least annually.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Activities related to independent living including meal preparation, laundry, light housekeeping and essential shopping.

LEGALLY RESPONSIBLE INDIVIDUAL (LRI)

Individuals who are legally responsible to provide medical support. These individuals include legal guardians and parents of minor recipients, including stepparents, foster parents and adoptive parents. LRIs may not be reimbursed for providing Personal Care Services (PCS). An LRI can be any person, individual acting in the place of a natural or adoptive parent including a grandparent, or other relative with whom the child lives. For this chapter's purpose LRI does not include the State if the child is a ward of the State.

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LOCAL EDUCATION AGENCY (LEA)

~~A public elementary or secondary school, or unit school district, or special education cooperative or joint agreement~~
A public board of education or other public authority legally constituted for administrative control or direction of a public elementary or secondary schools in a city, county, township, school district, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools.

MEDICAL NECESSITY

Reference Medicaid Services Manual (MSM), Chapter 100 for Nevada's definition of medical necessity.

MULTIDISCIPLINARY CONFERENCE (MDC)

~~A required gathering under IDEA; the only body that can make certain determinations, specifically about a child's eligibility for special education.~~

PARENT

~~Natural, adoptive, or foster parent of a child (unless a foster parent is prohibited by State Law from serving as a parent); a guardian, but not the State if the child is a ward of the State; an individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare.~~

MEDICAL TEAM CONFERENCE (WITH INTERDISCIPLINARY TEAM)

A conference with an interdisciplinary team to determine a student's need for further testing. The required composition of the team is defined in MSM 2803.1B6 of this Chapter. Provider Responsibility- Medical Team Conference (with Interdisciplinary Team). Other professional staff such as physical therapists, occupational therapists, and speech therapists, etc. may provide input, as well as audiology, vision, health, education, and the student's LRI. As a result of this process, a POC will be established outlining treatment modalities.

PERSONAL CARE ASSISTANT (PCA)

A trained but unlicensed individual who provides Personal Care Services (PCS) to individuals with disabilities and/or conditions which causes them barriers to independently performing ADLs and IADs.

PERSONAL CARE SERVICES (PCS)

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A range of human assistance provided to a student with disabilities and chronic conditions, which enables accomplishment of tasks that they would normally do for themselves if they did not have a disability or chronic condition. Assistance may be in the form of direct hands-on assistance or cueing the student to perform the task themselves and related to the performance of ADLs and IADLs.

PLAN OF CARE (POC)

A medical document developed after an assessment by a qualified health professional acting within their scope of practice. Serves as documentation of medical necessity for all services being provided to the student. Must include all elements outlined in MSM 2803.1B5 of this chapter.

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

An evaluation and a summary statement which describes the student's current achievement in the areas of need; an IEP required component.

PROGRESS MONITORING

A method of monitoring a student's achievements that enables the IEP team to discern whether changes need to be made in the IEP.

RELATED SERVICES

IDEA requires that school districts provide whatever related services (other than medical care, which is not for diagnostic purposes) a child needs in order to benefit from his or her special education program.

REVIEW AND REVISION OF IEP

An annual meeting to review each eligible individual's IEP and revise its provisions if appropriate.

SCHOOL FUNCTIONAL ASSESSMENT SERVICE PLAN (SFASP)

An assessment tool used by a trained physical or occupational therapist, to complete an in-person assessment, to identify the ability/inability of a student to perform ADLs and IADLs. This assessment identifies a student's unmet needs and provides a mechanism for determining the appropriate amount of PCS hours, based on the student's needs and functional ability. The SFASP also evaluates the environment in which services are provided.

SCREENING AND DIAGNOSTIC SERVICES

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A child's health is assessed as early as possible in the child's life, in order to prevent or find potential diseases and disabilities in their early stages, when they are most effectively treated. Assessment of a child's health at regularly scheduled intervals assures that a condition, illness or injury is not developing or present. Screening services provide physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Diagnostic services or tests are performed to follow up when a risk is identified.

SHORT-TERM OBJECTIVES/BENCHMARK

An ~~IEP-POC~~ must contain a statement of annual goals, including a description of ~~short term~~short-term objectives or benchmarks that are measurable and outcome oriented. Goals should be related to the child's unique needs to enable the child with a disability to participate and function in the general curriculum.

STATE EDUCATION AGENCY (SEA)

The State board of education or other agency responsible for the State supervision of public elementary schools and secondary schools.

THIRD PARTY LIABILITY (TPL)

The legal obligation of third parties (ie. any individual, entity or program) that may be liable to pay all or part of the expenditures for medical assistance furnished under a State Medicaid Plan including Nevada Check-Up (NCU). By law, all other third party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid.

TREATMENT SERVICES

Treatment services are those available to correct, correct, or improve diagnosed physical and/or mental illnesses. Treatment must be medically necessary and does not include educational interventions.

SPECIAL EDUCATION

Specifically designed instruction, provided at no cost to the parent, to meet the unique needs of a child with disabilities, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

SUPPORT SERVICES

Specifically designed instruction and activities, which augment, supplement, or support the educational program.

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2803 POLICY

2803.1 POLICY OVERVIEW

It is the policy of the Division of Health Care Financing and Policy (DHCFP) to support the unique health needs ~~to~~of Medicaid eligible students ~~with a disability in the special education setting~~. Medicaid covers ~~S~~school based Health ~~S~~services (SHS) when they are primarily medical and not educational in nature. This chapter establishes a Medicaid provision for medically necessary health care services a ~~school district~~LEA/SEA may provide to students ~~with special health care needs~~.

For a ~~school district~~LEA/SEA to receive reimbursement for services through the Medicaid ~~School Based Service~~SHS programProgram, each Medicaid eligible student must ~~receive an Individualized Education Program (IEP)~~have a POC that documents ~~that the medical necessity of the service to be provided and/or preventive services that are coverable under EPSDT. This documentation needs to~~specify~~s~~ the services required to treat ~~his or her~~the student's identified medical condition(s) ~~as specified in MSM, Section 2803.1B of this chapter (through correction and amelioration of any physical and mental disability)~~.

The DHCFP recognizes two categories of services that can be provided in SHS. These categories are:

- a. Screening and Diagnostic Services, and
- b. Treatment Services.

2803.1A SCREENING AND DIAGNOSTIC SERVICES

LEAs/SEAs are encouraged to provide screening and diagnostic services as defined in MSM Chapter. 1500 Healthy Kids Program. These services can be covered without a POC as long as the screening and diagnostic services:

1. Follow the periodicity schedule as established in the Healthy Kids Program MSM, Chapter 1500;
2. Are determined to be a medically necessary screening when it falls outside the periodicity schedule; and
3. Are documented in medical records with the assessments and significant positive and negative findings, and referrals made for diagnosis, treatment or other medically necessary health services for any conditions identified.

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A child's health is assessed as early as possible in the child's life, in order to prevent or find potential diseases and disabilities in their early stages, when they are most effectively treated. Assessment of a child's health at regularly scheduled intervals assures that a condition, illness or injury is not developing or present.

2803.1B TREATMENT SERVICES

Treatment services are those available to correct or improved defects and physical and mental illnesses. Treatment must be medically necessary and does not include educational interventions.

Treatment services must be documented appropriately for the service that is being provided in a POC as described in MSM, Section 2803.1B5 of this chapter, Provider Responsibility- Plan of Care (POC).

2803.1A1C COVERAGE AND LIMITATIONS

1. PROGRAM ELIGIBILITY CRITERIA

Only those services listed in the State Plan Amendment referring specifically to SBCHSMSM, Sections 2803.3 (Preventive Health Screenings and Treatment) through 2803.16 (Telehealth) of this chapter are covered benefits.

- a. School Based Child Health Services (SBCHS) are available for eligible Medicaid and Nevada Check Up (NCU) children between three 3-years of age and under the age of 21, in both Fee-For-Service (FFS) and Medicaid Managed Care. SBCHS for children who are enrolled in Medicaid Managed Care are covered and reimbursed under the FFS Medicaid. The student must be Medicaid eligible when services are provided;
- b. DHCFP does not reimburse for any services considered educational or recreational in nature;
- c. Any Medicaid eligible child requiring SBCHS services may receive these services from the local school district/LEA/SEA provided:
 1. All SBCHS relate to a medical diagnosis and are medically necessary;
 2. The service performed is within the scope of the profession of the healthcare practitioner performing the service;

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3. All services including the scope, amount and duration of service are documented as part of the child's school record, including the name(s) of the health practitioner(s) actually providing the service(s);

~~3.4.~~ The treatment services are a part of the recipient's written ~~IEP/POC~~; or an assessment, evaluation, or screening for the purposed of early identification of health concerns. This documentation must be kept on file with the ~~local school district~~ LEA/SEA. The plan/documentation may be subject to review by authorized DHCFP personnel, ~~and must include the signature by the school-based or family designated physician, Advanced Practitioner of Nursing (APN) or Physician's Assistant substantiating that the treatment services are medically necessary services; and~~

~~4.5.~~ All applicable federal and state Medicaid regulations ~~should be~~ are followed, including those for provider qualifications, comparability of services and the amount, duration and scope of provisions.

2. LIMITATIONS

The Nevada Medicaid Program pays for ~~SBCHS~~ services conforming to accepted methods of diagnosis and treatment directly related to the recipient's diagnosis, symptoms, or medical history. Limitations are:

- a. Only qualified health care providers will be reimbursed for their participation in the ~~IEP-POC~~ development for medical related services concerning each specific discipline. Nevada Medicaid reimbursement for the participation time in the ~~IEP Medical Team Conference~~ development meeting is only allowed for medical related services, not educational process and goals.
- b. Services are limited to medical and related services described throughout ~~the this~~ Chapter and procedure codes listed on the DHCFP website Provider Type (PT) 60 SBCHS Fee Schedule at <http://dhcfp.nv.gov/RatesUnit.htm>.

~~Services can only be reimbursed when the results of the provided services correct or ameliorate any current or discovered deficits and/or conditions through the evaluation and diagnostic process as identified in the IEP.~~
- c. Services may not be provided to students under the age of three years old or ~~over the students~~ age of 2021 years and older.

3. COVERED SERVICES

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~~SBCHS~~ are medically necessary diagnostic, evaluative, and direct medical services to detect, correct, or ameliorate any physical or mental disability diagnosis that meet the medical needs of ~~disabled children and youth~~ Medicaid eligible students. The services are provided by a LEA/SEA as part of a local public school district special education program to meet the health needs of a child student. The services are 1) and directed at early detection of a physical or mental health impairment, or 2) the reduction of a physical or mental impairment and restoration of the child to his/her best possible functioning level. ~~The evaluative and diagnostic services which establish the need for treatment are determined through the IEP process.~~

~~SBCHS~~ Covered Services include:

- ~~a. Screening, diagnostic, and treatment services when provided as described in MSM, Section 2803.3 of this chapter.~~
- ~~b. Physician services when provided as described in MSM, Sections 2803.2A and 2803.4 of this chapter.~~
- ~~a-c. Psychological counseling~~ Mental health and alcohol/substance abuse services when provided when provided by a Nevada licensed psychologist to perform diagnostic and treatment services for student's to fully benefit from an educational program. Refer to as described in MSM, Sections Section 2803.4 2803.2B and 2803.5 of this Chapterchapter.
- ~~b. Physical therapy service when provided by a Nevada licensed physical therapist to restore, maintain or improve muscle tone, joint mobility or physical function. Refer to Section 2803.6 of this Chapter.~~
- ~~e. —~~
- ~~d. Nursing services when provided by a Nevada licensed nurse to perform assessment, planning, delivery and evaluation of health services for students whose health impairments require skilled nursing intervention to maintain or improve the student's health status. Refer to Section 2803.5 as described in MSM, Sections 2803.2C and 2803.6 of this Chapterchapter.~~
- ~~e. Physical therapy services when provided by a Nevada licensed physical therapist to restore, maintain or improve muscle tone, joint mobility or physical function. Refer to Section 2803.6 as described in MSM, Sections 2803.2D and 2803.7 of this Chapter.~~
- ~~e-f. Occupational therapy services when provided by a Nevada licensed occupational therapist to improve or restore function. Refer to Section 2803.7 as described in MSM, Sections 2803.2E and 2803.8 of this Chapterchapter.~~

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~~f.g.~~ Speech therapy services when provided by a Nevada certified or licensed speech pathologist or audiologist for the treatment of speech, learning and language disorders. Refer to Section 2803.8 provided as described in MSM, Sections 2803.2F and 2803.9 of this Chapterchapter.

~~h.~~ Assistive communication devicesACD, audiological supplies and disposable medical supplies provided to serve a medical purpose, intervention to maintain or improve the student's health status. Refer to MSM, Section 2803.9-10 of this Chapterchapter.

~~i.~~ PCS when provided as described in MSM, Sections 2803.2G and 2803.11 of this chapter.

~~j.~~ ABA services when provided as described in MSM, Sections 2803.2H and 2803.12 of this chapter.

~~k.~~ Dental services when provided as described in MSM, Sections 2803.2I and 2803.13 of this chapter.

~~l.~~ Optometry services when provided as described in MSM, Sections 2803.2J and 2803.14 of this chapter.

~~m.~~ Case management services when provided as described in MSM, Sections 2803.2K and 2803.15 of this chapter.

~~g-n.~~ Telehealth services when clinically appropriate and within the health care professional's scope of practice as established by its licensing agency. Refer to MSM, Sections 2803.2L and 2803.16 of this chapter.

4. NON-COVERED SERVICES BCHS

- a. Medical care that does not meet the medical necessity definition in MSM, Chapter 100, related or identified in the IEP e.g. ~~illness, injury care~~, health education classes and first aid classes;
- b. Evaluation and/or direct medical service performed by providers who do not meet Medicaid provider qualifications;
- c. Information furnished by the provider to the recipient over the telephone;
- d. Services which are educational, vocational, or career oriented;

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~~e.~~ Speech services involving non-diagnostic, non-therapeutic, routine, repetitive, and reinforced procedures or services for the child's general good and welfare; e.g., the practicing of word drills. Such services do not constitute speech pathology services for Medicaid purposes and are not to be covered since they do not require performance by a licensed qualified health care provider;

~~e.f.~~ When maximum benefits from any treatment program are reached, the service is no longer covered. ~~There is no payment for services providing maintenance at maximum functional levels;~~

~~f.~~ Dental or related services (these services are available through the Medicaid Dental program);

Treatment of obesity;

g. Any ~~immunizations~~vaccinations, biological products, and other products available free of charge from the State ~~Health Division~~Division of Public and Behavioral Health (DPBH);

~~h.~~ Any examinations and laboratory tests for preventable diseases which are furnished free of charge by the State Division of Health;

~~i.~~

~~j-h.~~ Any services recreational in nature, including those services provided by an adaptive specialist or assistant; ~~and~~

~~k-i.~~ Textbooks or other such items that are educational in nature and do not constitute medical necessity;

~~l-j.~~ Transportation of school aged children to and from school, including specialized transportation for Medicaid eligible children on days when they receive Medicaid covered services at school;

~~m-k.~~ Covered medical service(s) listed in a POC ~~n-IEP~~ for those dates of service when the POC-IEP has expired; ~~and~~

~~n-l.~~ Covered medical or treatment service(s) which ~~do not have~~require a referral/prescription (as detailed in MSM, Section 2803.1B3 of this chapter, Provider Responsibility- OPR) from a qualified professional working within their scope of practice pursuant to Nevada State Law and are being provided without the referral or prescription from a qualified professional, or certified as medically necessary by a Nevada licensed physician (school-based or family designated), an

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~~APN or a Physician's Assistant operating within their scope of practice pursuant to Nevada State law.~~

~~e. Covered medical services listed in an IEP when parental notification and consent are not documented.~~

2803. ~~1B.1D~~ PROVIDER RESPONSIBILITY

1. GENERAL INFORMATION

The provider shall furnish ~~psychological counseling, nursing services and other therapeutic services such as, physical therapy, occupational therapy, speech therapy, etc. screening, diagnostic and treatment services as medically necessary~~ and identified in the HEPPOC.

As a condition of participation in the Nevada Medicaid ~~program~~Program, all service providers must abide by the policies of the DHCFP, and state and federal laws and regulations, including but not limited to, the United States ~~Code of Federal Regulations~~CFRs governing the Medicaid Program, and all state laws and rules governing the Department of Education and the DHCFP. All providers must meet the requirements established for being a Medicaid provider. This includes the ~~Local Education Agency's~~LEA/SEA's subcontractors who must be ~~enrolled~~meet all qualification as Nevada Medicaid providers for the services they are providing. Department of Education Certification is not sufficient under federal regulations to meet Medicaid provider requirements.

All staff providing services to recipients under the ~~SBCHS~~ program~~Program~~ must be ~~licensed or certified by the appropriate state entity or national organization qualified as detailed in MSM section 2803.2 of this chapter (Provider Qualifications)~~ and provide services within their scope of practice.

2. ENROLLMENT PROCEDURES AND REQUIREMENTS

To be enrolled in the Nevada Medicaid Program ~~as a SHS PT 60~~, a ~~school district~~LEA/SEA must enter into an Inter-Local Agreement, signed by the ~~school district~~LEA or SEA and the DHCFP. Participating providers must comply with Medicaid regulations, procedures and terms of the contract.

The provider must allow, upon request of proper representatives of the DHCFP, access to all records which pertain to Medicaid recipients for regular review, audit, or utilization review. Refer to the ~~Medicaid Services Manual (MSM)~~ Chapter 100 for medical and fiscal record retention timeframes.

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~~3. MEDICAL OR TREATMENT SERVICES~~
3. ORDERING, PRESCRIBING, AND REFERRING (OPR)

In the school setting if the service being provided is one in which reimbursement is dependent on the presence of an order, prescription or referral, then the claims for those services must comply with the Ordering, Prescribing, and Referring (OPR) requirements found at 42 CFR 455.410 and 455.440. The OPR requirements for services are based on the federal regulations at 42 CFR 440 Subpart A and what the state has defined in the Nevada Medicaid State Plan.

The referral/prescription services must be renewed at least annually and/or when the scope, amount and frequency or duration of service(s) has changed. A POC that includes the required components of a referral/prescription for a service that has been reviewed and signed by a Medicaid qualified provider operating within their scope of practice pursuant to State law may serve as the referral/prescription for service(s).

For Medicaid to reimburse for services or medical supplies resulting from a practitioner's order, prescription, or referral, the OPR provider must be enrolled in Medicaid. Physicians or other eligible professionals who are already enrolled in Nevada Medicaid as a participating provider and who submit claims to Medicaid are not required to enroll separately as OPR.

The table below shows each category of service that can be provided in SHS and if that service requires an order or prescription prior to being provided. Additionally, if the service does require an order or prescription, it states what level of professional is able to make that order/prescription.

<u>Service</u>	<u>Ordering, Prescribing, referring (OPR) Required</u>	<u>Ordering/Referring Qualifications</u>
<u>Physician Services</u>	<u>No</u>	<u>No OPR requirement</u>
<u>Mental Health and Alcohol/Substance Abuse Services</u>	<u>No</u>	<u>No OPR requirement</u>
<u>Nursing Services</u>	<u>Yes</u>	<u>Physician, M.D.; Osteopath, D.O.; Advanced Practice Registered Nurse (APRN); Physician's Assistant (PA)</u>
<u>Therapies (Physical, Occupational, and Speech)</u>	<u>Yes</u>	<u>Physician, M.D.; Osteopath, D.O.; APRN; PA</u>

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<u>Service</u>	<u>Ordering, Prescribing, referring (OPR) Required</u>	<u>Ordering/Referring Qualifications</u>
<u>Durable Medical Equipment (DME) Disposable Supplies and Supplements</u>	<u>Yes</u>	<u>Physician, M.D.; Osteopath, D.O.; APRN; PA</u>
<u>Audiology Services</u>	<u>No</u>	<u>No OPR requirement</u>
<u>Hearing Aid Dispenser & Related Supplies</u>	<u>Yes</u>	<u>Audiologist; Physician, M.D.; Osteopath, D.O.; APRN; PA</u>
<u>Laboratory Services</u>	<u>Yes</u>	<u>Physician, M.D.; Osteopath, D.O.; APRN; PA</u>
<u>Personal Care Services (PCS)</u>	<u>Yes</u>	<u>Occupational Therapist; Physical Therapist; Physician, M.D.; Osteopath, D.O.; APRN; PA</u>
<u>Applied Behavior Analysis (ABA) services</u>	<u>Yes</u>	<u>Clinical Psychologist; Neuropsychologist; Physician, M.D.; Osteopath, D.O.; APRN; PA</u>
<u>Dental</u>	<u>No</u>	<u>No OPR requirement</u>
<u>Ocular Services</u>	<u>No</u>	<u>No OPR requirement</u>
<u>Case Management</u>	<u>No</u>	<u>No OPR requirement</u>

~~A medical referral/prescription is a Medicaid requirement for reimbursement. A referral/prescription is any document that indicates that the student is in need of one or more health-related service(s). A referral/prescription is required for each school-based Medicaid covered service and must be recommended and certified as medically necessary by a licensed physician (school based or family designated), an APN or a Physician's Assistant providing services within the scope of medicine as defined by state law and provided through an IEP.~~

~~The referral/prescription services must be renewed at least annually and/or when the scope, amount and frequency or duration of service(s) has changed. An IEP that includes the required components of a referral/prescription for a service that has been reviewed and signed by a Medicaid qualified provider operating within their scope of practice pursuant to State law may serve as the referral/prescription for service(s).~~

~~Treatment services are provided by or under the direction of:~~

~~a. a school-based licensed physician;~~

~~a. a licensed physician or psychiatrist in a community-based or hospital clinic;~~

~~b. a licensed private practice physician or psychiatrist; or~~

~~c. an APN or Physician's Assistant acting within their scope of practice.~~

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Treatment services may also be provided by a community-based private practitioner performing within the scope of his/her practice as defined by state law. In providing SBCHS at a location other than the school campus, the ~~school districts~~ LEA- or SEA may contract with community-based licensed health professionals and clinics.

4. BY OR UNDER THE DIRECTION OF

“By or under the direction of” means that the Medicaid qualified staff providing direction is a licensed practitioner of the healing arts qualified under ~~State-state~~ State law and federal regulations to diagnose and treat individuals with ~~the a~~ a disability or functional limitations ~~at issue~~ and is operating within their scope of practice defined in Nevada State law and is supervising each individual’s care.

~~Treatment services are provided by or under the direction of:~~

- ~~_____ a school based licensed physician;~~
- ~~_____ a licensed physician or psychiatrist in a community based or hospital clinic;~~
- ~~_____ a licensed private practice physician or psychiatrist; or~~
- ~~_____ an APN or Physician’s Assistant acting within their scope of practice.~~

The supervision must include, at a minimum, face to face contact with the individual initially and periodically as needed, prescribing the services provided and reviewing the need for continued services throughout the course of treatment. The Medicaid qualified supervisor must also assume professional responsibility for the services provided and ensure that the services are medically necessary. The Medicaid qualified supervisor must spend as much time as necessary directly supervising the services to ensure the ~~recipient~~ student(s) are receiving services in a safe and efficient manner and in accordance with accepted standards of practice. Documentation must be kept supporting the supervision of services and ongoing involvement in the treatment.

~~RESERVED FOR FUTURE USE~~

5. ~~PLAN OF CARE (POC)~~

A POC is a medical document developed after an assessment by a qualified health professional acting within their scope of practice. A POC must meet the following guidelines:

- a. The POC must identify a health condition/diagnosis that requires treatment.

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- b. The POC must identify the type of treatment to be provided and the frequency it will be provided.
 - c. The POC must identify the short-term objectives of the treatment interventions.
 - d. The POC must include a time frame for evaluation of progress.
 - e. Each POC must have a start and end date. Treatment is only authorized during the time period as written in the POC.
 - f. POCs can be written for no longer than a year.
 - g. POCs can be reviewed and renewed annually or more often as is medically necessary.
 - h. IEPs and 504 Accommodation Plans act as a POC and an additional plan is not required.
 - i. Not all POCs are required to be IEPs or 504 Accommodation Plans as LEAs/SEAs may have the need for shorter and less formal plans for lower acuity health conditions.
 - j. Multiple conditions can be documented in the same POC for a student who has multiple health conditions/diagnoses, however each service is to be documented in a specific service area.
- The POC serves as a medical summary of progress documentation. The POC also serves as a prior authorization for services that require prior authorization.

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5. INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

The IEP can be used as the initial plan of care when certified by the school-based or family designated physician, an APN or Physician's Assistant.

Each service is to be documented in the specific service area. The IEP serves as a summary of progress documentation. Treatment is authorized during the period covered by the written IEP only.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) ASSESSMENT/EVALUATION 6. MEDICAL TEAM CONFERENCE (WITH INTERDISCIPLINARY TEAM)

An IEP evaluation/assessment A medical team conference with an interdisciplinary team is

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completed ~~by an interdisciplinary with a~~ team consisting of a minimum of a:

~~a. Physician, M.D.; Osteopath, D.O.; APRN; PA; or, Psychologist;~~

~~b. Registered Nurse; and~~

~~c. Special Education Teacher~~

~~-to determine a student's need for further testing. Other professional staff such as physical therapists, occupational therapists, and speech therapists, etc. may provide input, as well as audiology, vision, health, education, and the student's parents LRI. As a result of this process, an IEP-POC will be established outlining treatment modalities. For simplicity, we will refer to this as a Medical Team Conference for the remainder of this MSM Chapter.~~

~~6. ASSESSMENT~~

~~EPSDT screening services should be encouraged for all students. Assessment is an evaluation by a primary diagnostician to determine a student's need for a single service.~~

~~This assessment should review the following service areas:~~

~~a. Vision Screening;~~

~~b. Hearing Screening;~~

~~c. Audiological Evaluation;~~

~~d. Speech and Language Screening;~~

~~e. Physical Therapy;~~

~~f. Psychological Evaluation;~~

~~g. Occupational Therapy; and~~

~~h. Nursing Services.~~

~~The assessment should validate the need for medical services identified on the IEP.~~

~~7. ELIGIBILITY VERIFICATION~~

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Medicaid recipient eligibility is determined on a monthly basis. Therefore, it is important to verify the ~~child's~~ student's eligibility on a monthly basis. Payments can only be made for covered services rendered to eligible students. If the student was not eligible on the date the service was rendered, payment will be denied.

Eligibility ~~may can~~ be verified by accessing the Automated Response System (ARS) or the Electronic Verification System (EVS) or using Health Insurance Portability Accountability Act (HIPAA) compliant electronic transaction. Refer to our Quality Improvement Organization (QIO)-like vender's website for additional information.

8. RECORDS

The evaluative and diagnostic services which determine the need for treatment and the IEP-POC which defines the treatment needs must be documented as part of the ~~child's~~ student's school record, including the name(s) of the health practitioner(s) actually providing the service(s). The written IEP-POC must be on file with the participating ~~local school district~~ LEA/SEA.

All medical and financial records which reflect services provided must be maintained by the ~~school district~~ LEA/SEA and furnished on request to the Department of Health and Human Services (DHHS) or its authorized representative. A ~~school LEA/SEA, as a provider,~~ must keep organized and confidential records that detail all ~~recipient student~~ specific information regarding all ~~specific services provided-rendered~~ for each ~~individual recipient student receiving of~~ services and retain those records for review.

~~SBCHS providers-LEAs/SEAs~~ must maintain appropriate records to document the ~~recipient's student's~~ progress in meeting the goals of the ~~therapy treatment~~. SHS encompasses services from several disciplines, as such all documentation must be completed as appropriate for the service that is being provided as detailed in the MSM Chapter corresponding to the service being provided. Nevada Medicaid reserves the right to review the ~~recipient's student's~~ records to assure the ~~therapy treatment~~ is restorative and rehabilitative.

9. NON-DISCRIMINATION

~~School Districts LEAs/SEAs~~ must ~~be in accordance with follow all~~ federal rules and regulations, ~~and the the Nevada State DHC FP rules and regulations and providers of Medicaid services may not regarding discriminate discrimination~~ against recipients on the basis of ~~race, color, national origin, sex, religion, age, disability or handicap any protected status(es) as detailed in MSM, Chapter 100.~~

10. THIRD PARTY LIABILITY (TPL)/FREE CARE PRINCIPAL

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In 1988, as a result of the Medicare Catastrophic Coverage Act, Medicaid was authorized by Congress to reimburse for ~~Individuals with Disabilities Education Act (IDEA)~~ related medically necessary services for eligible children before IDEA funds are used. Medicaid reimbursement is available for those services under Social Security Act, Section 1903(c) to be the primary payer to the other resources as an exception. Federal legislation requires Medicaid to be the primary payer for Medicaid services provided to eligible recipients under IDEA, Children with Special Health Care Needs, Women’s Infants and Children (WIC) ~~program~~Program, Title V ~~programs~~Programs, Indian Health Services (IHS), or Victims of Crimes Act 1984.

Although Medicaid must pay for services before (or primary to) the U.S. Department of Education (School Districts), it pays secondary to all other sources of payment. As such, Medicaid is referred to as the “payer of last resort.”

Medicaid statutory provisions for TPL preclude Medicaid from paying for services provided to Medicaid recipients if another payer (e.g. health insurer or other state or Federal ~~programs~~Programs) is legally liable and responsible for providing and paying for services.

The Medicaid ~~program~~Program is generally the payer of last resort; exceptions to this principle are IEP and related services, Title V, and WIC, as mentioned previously.

Medicaid is required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services available under the ~~state Medicaid plan~~Nevada Medicaid State Plan. If a state has determined that probable liability exists at the time a claim for reimbursement is filed, it generally must reject the claim and return it to the provider for a determination of the amount of ~~third party liability~~TPL (referred to as “cost avoidance”). If probable liability has not been established or the third party is not available to pay the individual’s medical expenses, the state must pay the claim and then attempt to recover the amount paid (referred to as “pay and chase”). Nevada Medicaid has elected to pay and chase for ~~SBCHS~~ found to have TPL for IEP services only.

~~Services provided through the Americans with Disability Act, Section 504 plans may not be billed to Medicaid. Medicaid is the “payer of last resort”. Medicaid will not reimburse for services that are provided free of charge to other students (the “free care” principal). An exception to this principle is for Medicaid eligible children receiving services under IDEA. Medicaid can be the primary payer for covered medical services under a child’s IEP. Refer to Section 1902(a) (30) (A) of the Social Security Act.~~

11. ~~PARENTAL NOTIFICATION AND CONSENT~~KATIE BECKETT RECIPIENTS

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~~Nevada Medicaid and Nevada Check Up may cover medically necessary services that are identified on the IEP. Reimbursement for services under the SBCHS does not interfere with the IDEA program.~~

~~In order to assure parents of transparency in the use of Medicaid benefits for their child, documentation demonstrating parental notification and parental consent to bill Medicaid is required in accordance with Federal Regulation. This information is required to be kept on file for review/audit purposes. The intent of parental notification is to inform the parent that Nevada Medicaid may be billed for specific services that are identified through the IEP process. Parental consent allows the parent the opportunity to decline or accept services rendered to be billed to Nevada Medicaid.~~

In order for children to remain eligible under the Katie Beckett eligibility category, Medicaid must assure the Centers for Medicare and Medicaid Services (CMS) that the per capita expenditures under this program-eligibility category will not exceed the per capita expenditures for the institutional level of care under the state plan. Parents-LRIs with children eligible under the Katie Beckett program-category may not want the SBCHS to be billed to Nevada Medicaid as this may impact the child's eligibility or may result in a cost to the parent-LRI for services outside of the school arena. Parents-LRIs with a child eligible under this benefit-program- category are encouraged to work closely with their Medicaid District Office (DO) case manager to assure services do not impact their eligibility status.

~~Parental notification and consent must be obtained prior to billing for services that have been identified through the IEP process. The annual IEP meeting provides the schools with an opportunity to review services and request consent to bill services to Nevada Medicaid. Refer to Section 2803.1C of this Chapter. Parents have the right to refuse consent to have their Nevada Medicaid insurance billed at any time.~~

12. NOTIFICATION OF SUSPECTED ABUSE/NEGLECT

The ~~Division-DHCFP~~ expects that all Medicaid providers will be in compliance with all laws relating to incident of abuse, neglect, or exploitation as it relates to students.

2803.~~1C1E~~ RECIPIENT RESPONSIBILITIES

The recipient or authorized representative shall:

1. Provide the school-districtLEA/SEA with a valid Medicaid card at the district's LEA's/SEA's request.
2. Provide the school-districtLEA/SEA with accurate and current medical information, including diagnosis, attending physician, medication, etc.

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3. Notify the ~~school district~~LEA/SEA of all insurance information, including the name of other ~~third party~~third-party insurance coverage.
4. Participate in the ~~IEP Medical Team Conference(s)~~development meeting(s).
5. Every student, ~~and~~ their ~~Legally Responsible Adult (LRA) or legal guardian~~LRI is entitled to receive a statement of students or parent/guardian rights from their ~~school district~~LEA/SEA. The ~~recipient~~student, ~~and~~ their ~~LRA, or legal guardian~~LRI should review and sign this document.

2803. ~~1B1F~~ AUTHORIZATION PROCESS

1. Prior authorizations are not required for any ~~School Based Health Services, SHS~~ that may be reimbursed for a Medicaid-eligible ~~child~~student even when the MSM chapter referenced for that service requires a prior authorization as the POC serves as the prior authorization. Refer to MSM, Section 2803.1A-1C in this chapter outlining service coverage and limitations. Services must be deemed medically necessary and appropriate as defined in this chapter. The treatment services must be documented ~~through the IEP as defined in this chapter~~ and substantiated that the services are medically necessary ~~by a signature by a~~ by a signature by the school-based or family designated physician, APN or Physician's Assistant qualified provider working within the scope of their practice. Refer to MSM, Section 2803.1B3 in this chapter for more details on OPR requirements. A referral and signature do not constitute medical necessity. Refer to MSM, Chapter 100 for the definition of medical necessity.

~~1. A referral for services must be from a physician or other licensed practitioner of the healing arts operating within their scope of practice under State law to make a determination. Proper documentation is required to show the referral/recommendation for services. CMS recognizes an IEP as a referral for such services once reviewed and signed by a physician.~~

As a method of protecting the integrity of the ~~SBCHS program~~Program, Medicaid will perform retro-review activities on claims data to evaluate medical necessity and billing procedures. Services that have been reimbursed but are shown not to have been documented in the ~~IEP POC~~ and a progress note(s) of the ~~recipient~~student, as outlined in this chapter, may be subject to recoupment.

Refer to the DHCFP website for billable codes <http://dhcfp.nv.gov/RatesUnit.htm>. The ~~School Based SHS~~ billing manual ~~provider type-PT~~ 60 can be found at our QIO-like vendor's website.

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2. MISCELLANEOUS PROVISIONS

- a. All payments for SBCHS are made to the ~~school district~~LEA/SEA. Separate payment will not be made to those individual practitioners who ~~actually provider~~rendered the services.
- b. The ~~school district~~LEA/SEA can submit claims for reimbursement on a monthly basis maintaining adherence to Medicaid's timely filing requirements. Refer to MSM, Chapter 100, Eligibility, ~~coverage~~Coverage and ~~limitations~~Limitations.

2803.2 PROVIDER QUALIFICATIONS

In order to be reimbursed by Nevada Medicaid, all ~~school based services~~SHS must be provided by a ~~licensed~~qualified health care provider working within their scope of practice under state and federal regulations.

It is the responsibility of the ~~school district~~LEA/SEA to assure all billed Medicaid covered services are rendered by the appropriately ~~licensed~~credentialed providers. Each ~~school district~~LEA/SEA must maintain documentation of each rendering practitioner's license, certifications, registration, or credentials to practice in Nevada. All documentation must be available, if requested by state or federal agencies.

2803.2A PHYSICIAN, PHYSICIAN'S ASSISTANT & ADVANCED NURSE PRACTITIONER QUALIFICATIONS

Providers must meet qualifications as detailed in at least one of the following NRS Chapters:

- 1. NRS, Chapter 630 Physicians and Physician Assistants and Practitioners of Respiratory Care, or
- 2. NRS, Chapter 632 Nursing as an advanced practice registered nurse as detailed in NRS 632.140 through 632.240.

2803.2B MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES QUALIFICATIONS

Providers must meet qualifications as detailed in MSM, Chapter 400.

2803.2C NURSING QUALIFICATIONS

Providers must meet qualifications as detailed in NRS, Chapter 632 Nursing.

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2803.2D PHYSICAL THERAPY QUALIFICATIONS

Providers must meet qualifications as detailed in NRS, Chapter 640 Physical Therapy.

2803.2E OCCUPATIONAL THERAPY QUALIFICATIONS

Providers must meet qualifications as detailed in NRS, Chapter 640A Occupational Therapy.

2803.2F SPEECH THERAPY AND AUDIOLOGY QUALIFICATIONS

Providers must meet qualifications as detailed in NRS, Chapter 637B Audiologists and Speech Pathologist.

2803.2G PCS QUALIFICATIONS

1. PCS Supervisor- A person who meets the following documented minimum qualifications:

- a. Is at least 18 years of age;
- b. Has a high school diploma or its equivalent;
- c. Is responsible and mature and exhibits empathy, listening skills and other personal qualities which will enable the PCS Supervisor to understand the problems of persons with disabilities;
- d. Has demonstrated the ability to read, write, speak, and understand the English language; and
- e. Meets all qualifications of a Personal Care Assistant (PCA) as detailed below.

2. The PCS Supervisor shall oversee the daily operations of the PCS being delivered in the school. The PCS Supervisor shall appoint another qualified employee to assume the responsibilities of the PCS Supervisor in the case of their absence. The responsibilities of the PCS Supervisor include, without limitation:

- a. Ensuring that all PCAs under their supervision are qualified and properly trained;
- b. Ensuring that the initial SFASP of each student is completed and that the PCA to provide the PCS to the student is capable of providing the services necessary to meet those needs;
- c. Providing oversight and direction for PCAs as necessary to ensuring that the students receive needed PCS, each PCA must receive at least one hour of direct

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supervision a year; and

d. Ensure that:

(1) Students are not abused, neglected, or exploited by a PCA or another member of the staff of the LEA/SEA; and

(2) Suspected cases of abuse, neglect, or exploitation of a student are reported in the manner prescribed in NRS 432B.220.

3. Personal Care Assistant (PCA) - A person who meets the following documented minimum qualifications:

a. Be at least 18 years of age;

b. Maintain records and provide to the DHCFP, upon request, documentation that the PCA is in compliance with NAC 441A.375 with regard to tuberculosis (TB) testing.

c. Be responsible, mature, exhibit empathy, listening skills, and other personal qualities which will enable the PCA to understand the problems of persons with disabilities;

d. Demonstrate the ability to read, write, speak, and communicate effectively in the language of the student receiving the PCS.

e. Demonstrate the ability to meet the needs of the students of the LEA/SEA by having the ability and skills for all tasks listed in the SFASP; and

f. Within the 90 days immediately preceding the date on which the PCA begins providing the services to a student and at least annually thereafter, complete not less than eight hours of training related to providing for the needs of the students of the LEA/SEA and limitation on the PCS provided by the LEA/SEA. The training must include, without limitation, training concerning:

(1) Duties and responsibilities of PCA and the appropriate techniques for providing PCS including the written documentation of PCS provided;

(2) Recognizing and responding to emergencies, including, without limitation, fires and medical emergencies;

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(3) Dealing with the adverse behaviors of the student;

(4) Nutrition and hydration, including, without limitation, special diets and meal preparation and service;

(5) Bowel and bladder care, including, without limitation, routine care associated with toileting, routine maintenance of an indwelling catheter drainage system such as emptying the bag and positioning of the system, routine care of colostomies such as emptying and changing the colostomy bag, signs and symptoms of urinary tract infections and common bowel problems, including without limitation, constipation and diarrhea;

(6) Methods for preventing skin breakdown, contractures and falls;

(7) Handwashing and infection control;

(8) Basic body mechanics, mobility, and techniques for transferring students;

(9) The rights of the student and methods to protect the confidentiality of information concerning student as required by federal and state law and regulations;

(10) The special needs of persons with disabilities;

(11) Maintenance of a clean and safe environment;

(12) Recognizing the signs of child abuse and mandated reporting; and

(13) First aid and cardiopulmonary resuscitation (CPR). A certificate in first aid and CPR issued to the PCA by the American Red Cross or an equivalent certificate will be accepted as proof of that training.

(14) Communication skills, including without limitation, active listening, problem solving, conflict resolution, and techniques for communicating through alternative modes with persons with communication or sensory impairments.

g. PCAs must participate in and complete a training program before independently providing PCS to the students of the LEA/SEA. The training program must include an opportunity for the PCA to receive on-the-job instruction provided to students of the LEA/SEA, as long as the PCS Supervisor provides supervision during this instruction to determine whether the PCA is able to provide the PCS successfully and independently to the student.

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4. Each PCA at a LEA/SEA must be evaluated and determined to be competent by the LEA/SEA in the required areas of training set forth in MSM, Section 2803.2G of this chapter.

5. Each PCA at a LEA/SEA must have evidence of successful completion of a training program that includes the areas of training set forth in MSM, Section 2803.2G of this chapter within 90 days immediately preceding the date on which the PCA begins providing PCS to a student.

2803.2H APPLIED BEHAVIOR ANALYSIS (ABA) QUALIFICATIONS

Providers must meet qualifications as detailed in MSM, Chapter 3700.

2803.2I DENTAL QUALIFICATIONS

Any dental provider, who undertakes dental treatment, as covered by Nevada Medicaid, must be qualified by training and experience in accordance with the Nevada State Board of Dental Examiners rules and regulations.

All materials and therapeutic agents used or prescribed must meet the minimum specifications of the American Dental Association (ADA).

2803.2J OPTOMETRY QUALIFICATIONS

Providers must meet qualifications as set forth by one of the following and be working within their scope of practice:

1. NRS, Chapter 630.375- Physicians,
2. NRS, Chapter 636- Optometry, or
3. NRS, Chapter 637- Dispensing Opticians.

2803.2K CASE MANAGEMENT QUALIFICATIONS

Providers must meet qualifications as detailed in MSM, Chapter 2500.

2803.2L TELEHEALTH QUALIFICATIONS

Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency.

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2803.3 SCREENING, DIAGNOSTIC SERVICES AND TREATMENT

Screening and diagnostic services refers to health care that focuses on disease (or injury) prevention. Screening and diagnostic services also assists the provider in identifying a patient's current or possible future health care risks through assessments, lab work, and other diagnostic studies.

LEAs/SEAs are encouraged to provide screening and diagnostic services as defined in MSM, Chapter 1500, Healthy Kids Program.

A child's health is assessed as early as possible in the child's life, in order to prevent or find potential diseases and disabilities in their early stages, when they are most effectively treated. Assessment of a child's health at regularly scheduled intervals assures that a condition, illness, or injury is not developing or present.

2803.3A COVERAGE AND LIMITATIONS

Screening and diagnostic services can be covered without a POC as long as they:

1. Follow the periodicity schedule as established in the Healthy Kids Program MSM, Chapter 1500;
2. Are determined to be a medically necessary screening when it falls outside the periodicity schedule; and
3. Are documented in medical records with the assessments and significant positive and negative findings, and referrals made for diagnosis, treatment or other medically necessary health services for any conditions that were identified.

2803.3B COVERED SERVICES

1. American Academy of Pediatrics (AAP) recommended screenings and diagnostics as detailed in MSM, Chapter 1500, Healthy Kids Program.
2. Dental services are outline in MSM, Chapter 1000, Dental. Dental services can occur at intervals outside the established periodicity schedule when indicated as medically necessary to determine the existence of a suspected illness or condition.
3. Vision services are outlined in MSM, Chapter 1100, Ocular Services. Vision services can occur at intervals outside the established periodicity schedule when indicated as medically necessary to determine the existence of a suspected illness or condition.

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4. Hearing services are outlined in MSM, Chapter 2000, Audiology. Hearing services can occur at intervals outside the established periodicity schedule when indicated as medically necessary to determine the existence of a suspected illness or condition.
5. Vaccinations are outlined in MSM, Chapter 1500, Healthy Kids Program. Nevada Medicaid will reimburse for appropriate immunizations that are due and administered during the screening visit and according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines: <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>. Nevada Medicaid will only reimburse for administration fees if the vaccination is available through the DPBH as part of the Vaccines for Children (VFC) Program.
6. Laboratory procedures are outlined in MSM, Chapter 800, Laboratory Services. Nevada Medicaid will reimburse for age-appropriate laboratory procedures performed at intervals in accordance with the Healthy Kids periodicity schedule. These include blood lead level assessment appropriate to age and risk, urinalysis, Tuberculin Skin Test (TST), Sickle-cell, hemoglobin or hematocrit and other tests and procedures that are age-appropriate and medically necessary.
7. Interperiodic Screenings- Healthy Kids screenings are provided to all eligible persons under the age of 21, which may include medically necessary intervals that are outside an established periodicity schedule, also known as interperiodic screenings.

2803.3C LIMITATIONS

Refer to MSM, Chapter 1500, Healthy Kids Program for limitations.

2803.34 PHYSICIAN, PHYSICIAN'S ASSISTANT & ADVANCED NURSE PRACTITIONER SERVICES

Nevada Medicaid reimburses for covered medical services that are reasonable and medically necessary, performed by a physician, APRN or under the personal supervision of a physician and that are within the scope of practice ~~of their prognosis~~ as defined by Nevada State Law. Services must be performed by the physician, APRN or by a licensed professional working under the personal supervision of the physician.

2803.3A4A COVERED SERVICES

Physician and APRN services may include, but are not limited to:

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1. Evaluation and consultations with providers of covered services for diagnostic and preventive services including participation in a multi-disciplinary team assessment;
2. Record review for diagnostic and prescriptive services;
3. Diagnostic and evaluation services to determine a student's medically related condition that results in the student's need for medical services;
- ~~3-4.~~ New and established patient visits as described in MSM, Chapter 600; and
5. HEP/IFSP meeting/Medical Team Conference participation time for the development of medical related services in the POC. Payment is excluded for participation time of HEP/IFSP/POC development for educational processes and goals.

2803.4B LIMITATIONS

Refer to MSM, Chapter 600, Physician Services for limitations.

**2803.5 MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE SERVICES
PSYCHOLOGICAL COUNSELING**

Nevada Medicaid reimburses LEAs/SEAs for community-based mental health services to students under a combination of mental health rehabilitation and medical/clinical authority. The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under Nevada State law for the maximum reduction of a physical or mental disability and to restore the individual to the best possible functioning level.

Mental health rehabilitation assists individuals to develop, enhance and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically possible.

Alcohol and substance abuse treatment and services are aimed to achieve the mental and physical restoration of alcohol and drug abusers. Medicaid only reimburses LEAs/SEAs for services delivered in an outpatient setting and they must constitute a medical-model service delivery system.

Nevada Medicaid's philosophy assumes that behavioral health services shall be person-centered and/or family driven. All services shall be culturally competent, community supportive, and strength based. The services shall address multiple domains, be in the least restrictive environment, and involve family members, caregivers, and informal supports when considered

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appropriate per the recipient or legal guardian. Service providers shall collaborate and facilitate full participation from team members including the individual and their family to address the quality and progress of the individualized care plan and tailor services to meet the recipient's need. LEAs/SEAs shall deliver youth guided effective/comprehensive, evidence-based treatments and interventions, monitor child/family outcomes through utilization of Child & Family Team meetings (Reference Addendum- MSM Definitions), and continuously work to improve services in order to ensure overall fidelity of recipient care.

~~Psychological services are diagnostic and treatment services involving mental, emotional, or behavioral problems, disturbances, and dysfunction that meet DHCFP's determination of medical necessity. Performed by a Nevada Licensed Psychologist, services include the evaluation, observation, diagnosis and treatment of general cognitive/intellectual functioning or social, emotional or behavioral problems resulting in the student's inability to fully benefit from an educational program. Medicaid State Plan for school based services does not allow these services to be billed by a master's level social worker, marriage family therapist or other mid-level clinician.~~

2803.4A5A COVERED SERVICES

The following services are covered when provided as described in MSM, Chapter 400:

1. ~~Mental Health assessment~~Assessments, evaluation and diagnosis by a psychologist to determine the general cognitive/intellectual functioning of a student and/or to determine the presence and extent of social, emotional, or behavioral problems that affect the student's educational performance;
2. Neuro-Cognitive, Psychological and Mental Status Testing;
- 2-3. ~~Mental Health Therapies; Individual services provided to a student and/or a student and his/her family in order to remediate social, emotional and/or behavioral problems necessary to promote the student's ability to benefit fully from an educational program;~~
4. ~~Medication Management; Group services provided to more than one student and/or students and their families simultaneously in order to remediate social, emotional and/or behavioral problems necessary to promote the student's ability to benefit fully from an educational program;~~
5. ~~Medication Training and Support~~Psychological testing, assessment of motor language, social, adaptive and/or cognitive functioning by standardized development instruments (non-educational cognitive); and
6. Rehabilitative Mental Health Services;

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7. Outpatient Alcohol and Substance Abuse Services; and

8. Medical Team Conference participation time for the development of medical related services in the POC. Payment is excluded for participation time of development for educational processes and goals.

~~5. IEP/IFSP meeting participation time for the development of medical related services. Payment is excluded for participation time of IEP/IFSP development for educational processes and goals.~~

2803.5B LIMITATIONS

1. Mental Health and Alcohol/Substance Abuse Services not listed above in covered services.

2. All limitations listed in MSM, Chapter 400 for the related services.

2803.56 NURSING SERVICES

Skilled nursing refers to assessments, judgments, interventions, and evaluation of interventions which require the education, training and experience of a licensed nurse to complete. Services must be based on an assessment and supporting documentation that describes the complexity and intensity of the student's care and the frequency of skilled nursing interventions.

All nursing services must be under the order and supervision of a physician or APRN. Skilled nursing services are a covered service when provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of a ~~registered nurse~~ RN in accordance with the ~~IEP/POC, to be safe and effective.~~ An LPN may participate in the implementation of the ~~plan of care~~ POC for providing care to students under the supervision of a licensed RN, ~~or physician, or or advanced nurse practitioner~~ APRN that meet the federal requirements ~~of~~ 42 CFR 440.166. Services considered observational or stand-by in nature are not covered. Nursing ~~Services~~ services are provided to an individual on a direct, one-to-one basis, on site within the ~~school districts~~ school setting.

2803.5A6A COVERED SERVICES, AGE AND LIMITATIONS

Nursing ~~Services~~ services are provided by a licensed RN or LPN under the supervision of an RN. RNs and LPNs must be licensed by the State of Nevada Nevada State Board of Nursing under the supervision of an RN and acting within their scope of practice. These services may include, but are not limited to:

1. Evaluations and assessments (RN only);

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2. Care and maintenance of tracheotomies;
3. Catheterization or catheter care;
4. Oral or tracheal suctioning;
5. Oxygen administration;
6. Prescription medication administration that is part of the HEP/IFSP/POC;
7. Tube feedings;
8. Ventilator Care; or
9. HEP/IFSP meeting/Medical Team Conference participation time for the development of medical related services in the POC. Payment is excluded for participation time of HEP/IFSP/POC development for educational processes and goals. (RN only)

2803.6B **LIMITATIONS**

1. Nursing services must be provided within the scope of work for the level of licensure of the nurse providing the service(s).
2. Service(s) provided without an OPR from a qualified health professional working within their scope of practice are not eligible for reimbursement.
3. Services not listed on the individual's POC, other than services for screening and diagnostics are not eligible for reimbursement.

2803.67 **PHYSICAL THERAPY SERVICES**

Physical Therapy Services are performed by an appropriately certified or licensed physical therapist who develops a written individual program of treatment. ~~School-based H~~ license physical therapist assistants functioning under the supervision of the ~~school-based H~~ licensed physical therapist may assist in the delivery of the ~~plan of treatment~~ POC.

Physical Therapy means services prescribed by a physician or other licensed practitioner of the healing arts operating within their scope of practice under Nevada State law and provided to a student by or under the direction of a qualified physical therapist to ameliorate or improve neuromuscular, musculoskeletal and cardiopulmonary disabilities.

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Physical ~~Therapy-therapy~~ Evaluationevaluation, and ~~Treatment-treatment~~ includes: assessing, preventing, or alleviating movement dysfunction and related functional problems; obtaining and interpreting information; and coordinating care and integrating services relative to the student receiving treatment.

2803.6A7A COVERED SERVICES

1. Evaluation and diagnosis to determine the existence and extent of motor delays, disabilities and/or physical impairments effecting areas such as tone, coordination, movement, strength, and balance;
2. Individual ~~therapy-Therapy~~ provided to a student in order to correct or ameliorate the effects of motor delays, disabilities, and/or physical impairments;
3. Group Therapy provided to more than one student, but less than seven, simultaneously in order to remediate correct or ameliorate the effects of motor delays, disabilities, and/or physical impairments;
4. Therapeutic exercise, application of heat, cold, water, air, sound, massage, and electricity;
5. Measurements of strength, balance, endurance, range of motion (ROM); and
6. ~~IEP/IFSP Medical Team Conference-meeting~~ participation time for the development of medical related services in the POC. Payment is excluded for participation time IEP/IFSP POC development for educational processes and goals.

2803.7B LIMITATIONS

Refer to MSM, Chapter 1700, Therapy for limitations.

2803.78 OCCUPATIONAL THERAPY SERVICES

Occupational Therapy is provided by an appropriately licensed occupational therapist who evaluates the student's level of functioning and develops a plan of treatment POC. ~~School-based~~ licensed occupational therapist assistants functioning under the general supervision of the ~~school-based~~ licensed occupational therapist may assist in the delivery of the plan of treatment POC.

Occupational Therapy ~~Evaluation-evaluation~~ and ~~Treatment-treatment~~ includes: assessing, improving, developing, or restoring functions impaired or lost through illness, injury or deprivation; improving ability to perform tasks for independent functioning when functions are lost or impaired, preventing through early intervention, initial or further impairment or ~~lost-loss~~ of function; obtaining and interpreting information; coordinating care and integrating services the student is receiving.

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2803.7A8A COVERED SERVICES

1. Evaluation and diagnosis to determine the extent of a student's disabilities in areas such as sensorimotor skills, self-care, daily living skills, play and leisure skills, and use of adaptive or corrective equipment;
2. Individual Therapy provided to a student to remediate and/or adapt skills necessary to promote the student's ability to function independently;
3. Group Therapy provided to more than one student but less than seven (7) simultaneously to correct or ameliorate and/or adapt skills necessary to promote the students' ability to function independently;
4. Task-oriented activities to prevent or correct physical or emotional deficits to minimize the disabling effect of these deficits;
5. Exercise to enhance functional performance;
6. ~~IEP/IFSP Medical Team Conference meeting~~ participation time for the development of medical related services in the POC. Payment is excluded for participation time of ~~IEP/IFSP POC~~ development for educational processes and goals.

2803.8B LIMITATIONS

Refer to MSM, Chapter 1700, Therapy for limitations.

2803.89 SPEECH THERAPY AND AUDIOLOGY SERVICES

Speech, hearing, and language pathology services are those services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders with or without the presence of a communication disability. The services must be of such a level of complexity and sophistication or the condition of the student must be such that the services required can be safely and effectively performed only by a qualified therapist.

The practice of audiology consists of rendering services for the measurement, testing, appraisal prediction, consultation, counseling, research, or treatment of hearing impairment for the purpose of modifying disorders in communication involving speech, language, and hearing. Audiology services must be performed by a certified and licensed audiologist.

2803.8A9A COVERED SERVICES

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1. Speech and Language evaluation and diagnosis of delays and/or disabilities including, but not limited to, voice, communication, fluency, articulation, or language development. Audiological evaluation and diagnosis to determine the presence and extent of hearing impairments that affect the student's educational performance. Audiological evaluations include complete hearing and/or hearing aid evaluation, hearing aid fittings or re-evaluations, and audiograms.
2. Individual Therapy provided to a student in order to correct or ameliorate delays and/or disabilities associated with speech, language, hearing, or communication.
3. Group Therapy provided to one student, but less than seven, simultaneously in order to correct or ameliorate delays and/or disabilities associated with speech, language, hearing, or communication.
4. ~~IEP/IFSP Medical Team Conference meeting~~ participation time for the development of medical related services in the POC. Payment is excluded for participation time of IEP/IFSP POC development for educational processes and goals.

2803.9B LIMITATION

Refer to MSM, Chapter 1700, Therapy for limitations.

2803.910 AUDIOLOGICAL SUPPLIES, EQUIPMENT, MEDICAL SUPPLIES AND OTHER DURABLE MEDICAL EQUIPMENT (DME)

The ~~school district~~ LEA/SEA, as a Medicaid ~~provider type~~ PT 60, may be reimbursed for medically necessary audiology supplies, equipment, and medical supplies when shown to be appropriate to increase, or improve the functional capabilities of individuals with disabilities. Refer to the DHCFP website for list of available Healthcare Common Procedure Coding System (HCPCS) codes: ~~Provider Type 60~~ SBCHS: Fee Schedule <http://dhcftp.nv.gov/RatesUnit.htm>.

Such services must be reviewed and recommended by the presence of a signature on either the IEP-POC or a prescription by a licensed physician, APRN, or Physician's Assistant PA providing services within the scope of medicine as defined by Nevada State Law and provided through the IEP-POC.

2803.9A10A COVERED SERVICES AGE AND LIMITATIONS

1. Disposable medical supplies are items purchased for use at school or home which are not durable or reusable, such as surgical dressings, disposable syringes, catheters, tracheotomy dressings, urinary tray, etc. ~~Provider Type 60~~ may dispense audiological supplies, equipment, and medical supplies by their qualified practitioners acting within the scope of their practice under Nevada State Law.

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2. ~~Durable Medical Equipment (DME)~~ is considered items such as ~~assistive communication devices~~ ~~ACDs~~ (e.g. Speech Generating Devices), wheelchairs, canes, standers, walkers, etc. Medicaid DME Providers are qualified to dispense and receive reimbursement for medically necessary ~~durable medical equipment~~ ~~DME~~, prosthetic, orthotics, and supplies. Some services may require prior authorization.
3. DME, ~~assistive communication devices~~ ~~ACDs~~, audiology supplies, equipment, and medical supplies are for the exclusive use of the student that can be used at school, at home and is the property of the student.

Refer to MSM, Chapter 1300, (DME, Prostheses and Disposable Supplies) for coverage and limitations on ~~durable medical equipment~~ ~~DME~~, prostheses, and disposable medical supplies.

Refer to MSM, Chapter 2000, (Audiological Services) for coverage and limitations on audiological supplies and equipment.

2803.10B LIMITATIONS

Refer to MSM, Chapter 1300, DME, Prostheses and Disposable Supplies and MSM, Chapter 2000, Audiological Services for limitations.

2803.11 PERSONAL CARE SERVICES (PCS) IN SCHOOL SETTING

PCS include a range of human assistance provided to a student with disabilities and chronic conditions, which enables accomplishment of tasks that they would normally do for themselves if they did not have a disability or chronic condition. These services are provided where appropriate, medically necessary, and within service limitations.

Assistance may be in the form of direct hands-on assistance or cueing the student to perform the task themselves and related to the performance of ADLs and IADLs. Services are based on the needs of the student being served, as determined by a SFASP approved by the DHCFP. All services must be performed in accordance with the approved POC. LRIs may not be reimbursed for providing PCS.

2803.11A COVERED SERVICES

1. Assistance with the following ADLs. Services must be directed to the individual student and related to their health and welfare.
 - a. Dressing
 - b. Toileting needs including but not limited to routine care of an incontinent student.

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- c. Transferring and positioning non-ambulatory student from one stationary position to another, assisting a student out of chair or wheelchair, including adjusting/changing student's position in a chair or wheelchair.
 - d. Mobility/Ambulation, which is the process of moving between locations, including walking or helping the student to walk with support of a walker, cane or crutches, or assisting a student to stand up or get his/her wheelchair to begin ambulating.
 - e. Eating, including cutting up food. Specialized feeding techniques may not be used.
2. Assistance with the following IADLs is a covered service. Services must be directed to the individual student and related to their health and welfare.

- a. Meal preparation, which includes storing, preparing, and serving food.

2803.11B SERVICE LIMITATIONS

Assistance with the IADLs may only be provided in conjunction with services for ADLs.

2803.11C NON-COVERED SERVICES

Duplicative services are not considered medically necessary and will not be covered by Nevada Medicaid. PCS services must be one on one with the PCA and individual student receiving the service. PCAs may not overlap times between students being provided services.

The following are not covered under PCS and are not reimbursable:

- 1. Instruction, tutoring or guidance in academics.
- 2. A task that the DHCFP or its designee determines could reasonably be performed by the student.
- 3. Services normally provided by an LRI.
- 4. Any tasks not included in the student's approved POC.
- 5. Services to maintain an entire classroom, such as cleaning areas of the room not used solely by the student.
- 6. Services provided to someone other than the intended student.

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7. Skilled care services requiring the technical or professional skill that State statute or regulation mandates must be performed by a health care professional licensed or certified by the State of Nevada. Services include, but are not limited to, the following:

- a. Insertion and sterile irrigation of catheters;
- b. Irrigation of a body cavity. This includes both sterile and non-sterile procedures such as ear irrigation, vaginal douches, and enemas;
- c. Application of dressings involving prescription medications and aseptic techniques, including treatment of moderate or severe skin problems;
- d. Administration of injections of fluids into veins, muscles, or skin;
- e. Administration of medication, including, but not limited to, the insertion of rectal suppositories, the application of prescribed skin lotions, or the instillation of prescribed eye drops (as opposed to assisting with self-administered medications);
- f. Physical assessments;
- g. Monitoring vital signs;
- h. Specialized feeding techniques;
- i. Rectal digital stimulation;
- j. Massage;
- k. Specialized ROM;
- l. Toenail cutting;
- m. Medical case management, such as accompanying a student to a physician's office for the purpose of providing or receiving medical information;
- n. Any task identified with the Nurse Practice Act as requiring skilled nursing including Certified Nursing Assistant (CNA) services.

8. Companion care, baby-sitting, supervision, or social visitation.

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9. Care of pets except in cases where the animal is a certified service animal.

10. A task the DHCFP determines is within the scope of services provided to the student as part of an assisted living contract, a supported living arrangement contract, or a foster care agreement.

11. Escort services for social, recreational, or leisure activities.

12. Transportation of the student by the PCA.

13. Any other service not listed under Covered Services in MSM, Section 2803.11A of this chapter.

2803.11D AUTHORIZATION PROCESS

A SFASP must be completed prior to the service date of any billable PCS. The SFASP must be completed in person with the student present by a physician, APRN, PA, or trained physical or occupational therapist working within their scope of practice. The SFASP should be added as part of the student's POC.

Students receiving PCS services must be reassessed with a SFASP at least annually. Annual reassessments must be completed in person with the student present by a physician, APRN, PA, or a trained physical or occupational therapist working within their scope of practice.

Significant change in condition or circumstance may cause a need to reassess a student. All reassessments should be completed in person with the student present by a physician, APRN, PA, or a trained physical or occupational therapist working within their scope of practice.

2803.11E FLEXIBILITY OF SERVICES DELIVERY

The total weekly authorized hours for PCS may be combined and tailored to meet the needs of the student, as long as the plan does not alter medical necessity. Any changes that do not increase the total authorized hours can be made, for the student's convenience, within a single week without an additional SFASP.

Backup Mechanism

The provider shall have a written backup mechanism to provide a student with his or her service hours in the absence of a regular PCA due to sickness, vacation or any unscheduled event. The covering individual must be qualified to provide PCS services as outlined in MSM, Section 2803.2G of this chapter.

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2803.11F SUPERVISION

PCAs providing PCS to students must have a supervisor available to them during their work hours. Each time a PCA providing PCS to students is assigned to a new student the supervisor must review the SFASP and the student's POC. The supervisor must then clarify the following items with the PCA providing PCS to that student:

1. The needs of the student and tasks to be provided;
2. Any student specific procedures including those which may require on-site orientation;
3. Situations in which the PCA should notify the supervisor.

The supervisor (or other designated agency representative) must review and approve all service delivery records completed by the PCA providing the PCS.

2803.11G RECORDS

The LEA/SEA must maintain all records relating to PCS provided. The LEA/SEA must retain records for a period pursuant to the State record retention policy, which is currently six years from the date of payment for the specified service.

If any litigation, claim or audit is started before the expiration of the retention period provided by the DHCFP, records must be retained until all litigation, claims, or audit findings have been finally determined.

1. The LEA/SEA must maintain all required records for each individual employed to provide PCS regardless of the length of employment.
2. The LEA/SEA must maintain the required record for each student who has been provided services, regardless of the length of the service period.

At a minimum, the LEA/SEA must document the following on all service records:

1. Consistent service delivery within program requirements;
2. Amount of services provided to students;
3. When services were delivered;
4. Documentation attesting to the services provided, and the time spent providing the service signed or initialed by the PCA.

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2803.12 APPLIED BEHAVIOR ANALYSIS (ABA)

Medicaid will reimburse for ABA services rendered to Medicaid eligible individuals under age 21 years old in accordance with EPSDT coverage authority. The behavior intervention must be medically necessary as defined in MSM, Chapter 100, to develop, maintain, or restore to the maximum extent practical the functions of an individual with a diagnosis of ASD, FASD or other condition for which ABA is recognized as medically necessary. It must be rendered according to the written orders of the Physician, P.A. or an APRN. The treatment regimen must be designed and signed off on by the qualified ABA provider as defined in MSM, Chapter 3700, Applied Behavior Analysis.

All services must be documented as medically necessary and appropriate and must be prescribed on a POC.

2803.12A COVERED SERVICES

Covered services are detailed in MSM, Chapter 3700. Covered services include the following services when delivered as detailed in MSM, Chapter 3700;

1. Behavioral Screening.
2. Comprehensive Diagnostic Evaluation.
3. Behavioral Assessment.
4. Adaptive Behavioral Treatment Intervention, and
5. Adaptive Behavioral Family Treatment.

2803.12B LIMITATIONS

All limitations listed in MSM, Chapter 3700, Applied Behavior Analysis.

2803.13 DENTAL

Through the EPSDT benefits, individuals under the age of 21 receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention of oral disease, and maintenance of dental health. The EPSDT Program assures children receive the full range of necessary dental services.

The Nevada Medicaid Dental Services Program is designed to provide dental care under the supervision of a licensed provider. Dentist participating in Nevada Medicaid shall provide

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services in accordance with the rules and regulations of the Nevada Medicaid Dental Program detailed in MSM, Chapter 1000, Dental. Dental care provided in the Nevada Medicaid Program must meet prevailing professional standards for the community-at-large.

2803.13A COVERED SERVICES

Covered services include the following services when delivered as detailed in MSM, Chapter 1000, Dental:

1. Diagnostic and preventive services,
2. Restorative dentistry services,
3. Endodontic services,
4. Periodontic services,
5. Adjunctive general services, and
6. Fluoride supplements.

2803.13B LIMITATIONS

1. Dental services not listed above in covered services
2. All limitations listed in MSM, Chapter 1000, Dental.

2803.14 OPTOMETRY

The Nevada Medicaid Ocular Program reimburses for medically necessary ocular services to eligible Medicaid recipients.

2803.14A COVERED SERVICES

Covered services include the following services when delivered as detailed in MSM, Chapter 1100, Ocular Services:

1. Healthy Kids (EPSDT) vision screening,
2. Glasses,
3. Refractive examinations, and

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4. Ocular examinations.

2803.14B LIMITATIONS

1. Ocular services not listed above in covered services
2. All limitations listed in MSM, Chapter 1100, Ocular Services.

2803.15 CASE MANAGEMENT

The intent of case management services is to assist eligible students in gaining access to needed medical, social, educational, and other support services including housing and transportation needs. Case management services do not include the direct delivery of medical, clinical, or other direct services. Components of the service include assessment, care planning, referral/linkage, and monitoring/follow-up.

2803.15A COVERED SERVICES

Case Management services are covered for the following target groups when delivered as detailed in MSM, Chapter 2500, Case Management:

1. Children and adolescents who are Non-Severely Emotionally Disturbed (Non-SED) as defined in MSM section 2503.3 of Chapter 2500, and
2. Adults with a Non-Serious Mental Illness (Non-SMI) as defined in MSM section 2503.1 of Chapter 2500.
3. Medical Team Conference participation time for the development of medical related services in the POC. Payment is excluded for participation time of POC development for educational processes and goals.

2803.15B LIMITATIONS

1. Case management services to target groups not listed above in covered services.
2. All limitations listed in MSM, Chapter 2500, Case Management.

2803.16 TELEHEALTH

Telehealth is the use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other medical services. "Telehealth" is defined as the delivery of service from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

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Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency.

2803.16A COVERAGE AND LIMITATIONS

Must follow all policies in MSM, Chapter 3400, Telehealth Services.

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2804 **RESERVED FOR FUTURE USE**

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Please reference MSM, Chapter 3100, Hearings, for hearing procedures.

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~~2805~~2806 _____ REFERENCES AND CROSS REFERENCES

~~2805.1 RESERVE FOR FUTURE USE~~

~~2805~~2806.21 _____ PROVIDER SPECIFIC INFORMATION

Specific information about each ~~provider type~~PT can be found in the following MSM Chapters and ~~Nevada Check-Up~~NCU Manual Chapters:

Medicaid Services Manual (MSM):

- Chapter 100 Medicaid Program
- Chapter 400 Mental Health and Alcohol and Substance Abuse Services
- Chapter 600 Physician Services
- ~~Chapter 1000~~ Dental
- ~~Chapter 1100~~ Ocular Services
- Chapter 1300 DME, Disposable Supplies and Supplements
- Chapter 1500 Healthy Kids Program (~~EPSDT~~)
- Chapter 1700 Therapy
- Chapter 2000 Audiology Services
- ~~Chapter 2500~~ Case Management
- Chapter 3100 Hearings
- Chapter 3300 Program Integrity
- ~~Chapter 3400~~ Telehealth Services
- Chapter 3600 Managed Care Organization

Nevada Check Up (NCU) Manual:

- Chapter 1000 Nevada Check Up Program

~~2805.3 CONTRACTED QIO-LIKE VENDOR AND FISCAL AGENT~~

~~Medicaid's fiscal agent is responsible for provider training, claims adjudication, medical review, provider audits, and handling disputed payments. Written correspondence and paper claims must be sent to the following address:~~

~~The DHCFP's contracted QIO-like Vendor and fiscal agent is:~~

~~Magellan Medicaid Administration, Inc.
P.O. BOX 30042
Reno, NV 89520-3042
Toll Free within Nevada (877) NEV-FHSC (638-3472)
Website: <http://nevada.fhsc.com>~~

ATTACHMENT A

PHYSICIAN SERVICES		
Physician licensed by the Nevada State Board of Medical Examiners acting within their scope of practice	✓	
Physician Assistant licensed by the Nevada State Board of Medical Examiners or certification by the Nevada State Board of Osteopathic Medicine to perform medical services supervised by a licensed physician in accordance with professional standards.		✓
A Doctorate Degree in Psychology and licensed by the State of Nevada Board of Psychological Examiners.	✓	N/A
A Registered Nurse licensed by the Nevada State Board of Nursing.	✓	✓
A licensed Practical Nurse licensed by the Nevada State Board of Nursing. Supervised by a licensed Registered Nurse in accordance with professional standards.		✓
A Occupational Therapist licensed by the State of Nevada Board of Occupational Therapy	✓	
An Occupational Therapy Assistant certified by the State of Nevada Board of Occupational Board of Therapy. Supervised by a Licensed Occupational Therapist in accordance with professional standards.		✓
A Physical Therapist licensed by the State of Nevada Physical Therapy Examiners Board	✓	
A Physical Therapist Assistant licensed by the State of Nevada Physical Therapy Examiners Board. Supervised by a licensed Physical Therapist in accordance with professional standards.		✓
Nevada Board of Examiners for Audiology and Speech Pathology NRS 637B.160 and has Certificate of Clinical Competence from the American Speech and Hearing Association. CCC's	✓	
Nevada Board of Examiners for Audiology and Speech Pathology NRS 637B.160 with no CCC (has master's)	✓	
Licensed Department of Education NAC 391.370 2(b) with CCC or licensed with NV Board of Examiners	✓	
Licensed by Department of Education NAC 391.370 2(a), (c), (d),(e)		✓
Master's degree with no CCC's		✓
Department of Education licensure + CCC + Board of Examiner Licensure	✓	
Audiologist licensed by the State of Nevada Board of Examiners for Audiology and Speech Pathology	✓	N/A
Durable Medical Equipment		
Licensed with a Medical Device and Equipment and Gas by Nevada State Board of Pharmacy and enrolled as a DME Nevada Medicaid Provider.	N/A	N/A
Licensed with a Medical Device and Equipment and Gas by Nevada State Board of Pharmacy and enrolled as a DME Nevada Medicaid Provider or Local Education Agency enrolled as a Medicaid provider; or	N/A	N/A
Local Education Agency enrolled as a Medicaid provider being reimbursed for supplies dispensed by qualified practitioners' action within their scope of practice under Federal and State regulations.	N/A	N/A