

A qualified audiologist has a master's or doctoral degree in audiology which meets State licensure requirements. Per NRS 637B.160 they are licensed by the Board of Examiners for Audiology and Speech Pathology.

I. Medical supplies, equipment, and appliance services furnished in the school environment.

Services: As regulated under 42 CFR §440.70 and other applicable state and federal law or regulation.

Durable Medical Equipment (DME) is defined as equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and is appropriate for use in the home.

Disposable medical supplies are those items which are not reusable, and are primarily and customarily used to serve a medical purpose, and generally are not useful to a person in the absence of an illness or injury.

Service limitations:

Nevada Medicaid covers standard medical equipment that meets the basic medical need of the recipient. Deluxe equipment will not be authorized when it is determined a standard model will meet the basic medical needs of the recipient. Items classified as educational or rehabilitative by nature are not covered under this benefit. The DME provider is required to have documentation of physician's orders prior to the dispensing of any equipment or supplies.

Prior authorization and service limitations are applicable for some equipment and supplies. Specific limitations can be found in Chapter 1300 of the Medicaid Services Manual.

Provider Qualifications:

Providers dispensing durable medical equipment and medical supplies must be licensed with Medical Device Equipment and Gas through the Nevada Board of Pharmacy and be enrolled as a provider with the Division of Health Care Financing and Policy (DHCFP). Local Education Agency providers may dispense audiological supplies/equipment and medical supplies by their qualified practitioners acting within the scope of practice under state law.

~~4.c. — Family planning services are not covered for individuals whose age or physical condition precludes reproduction. Tubal ligations and vasectomies to permanently prevent conception are not covered for anyone under the age of 21 who is adjudged mentally incompetent or who is institutionalized.~~

~~5.b. — Medical and surgical services provided by a dentist are limited to providers who are a doctor of dental medicine or dental surgery. Reference 42 CFR 440.50 (b) for further information.~~

~~6.a. — Podiatrists' services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.~~

Intensive Behavior Intervention

Services: As regulated under 42 CFR §440.60 and other applicable state and federal law or regulation

Intensive Behavior Intervention is 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. The practice of intensive behavior intervention consists of rendering evidence based practices to individuals that exhibit excesses and/or deficits of behavior that impedes access to age appropriate home or community activities.

Services provided are for Medicaid eligible individuals under age 21 in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage authority. The intensive behavior intervention must be medically necessary to develop, maintain, or restore to the maximum extent practical the functions of an individual with a diagnosis of ASD or other condition for which intensive behavior intervention is recognized as medically necessary. All services must be provided under a treatment plan based on evidence-based assessment criteria and include realistic and obtainable treatment goals.

Service Limitations

Services provided will only be reimbursed for recipients under the age of 21 as a required component of the EPSDT benefit. Services must be rendered according to the written orders of the Physician, Physician's Assistant or an Advanced Practitioner Registered Nurse (APRN) and be directly related to the active treatment regimen designed by the healthcare professional that is clinically responsible for the treatment plan. Treatment services must be delivered by a qualified healthcare professional as defined in provider qualifications. The services are to be provided in the least restrictive, most normative setting possible and may be delivered in a medical professional clinic/office, within a community environment, or in the recipient's home.

Treatment services such as:

- a. Behavioral Screening - A brief systematic process to determine developmental delays and disabilities during regular well-child doctor visits.
- b. Comprehensive Diagnostic Evaluations - is the further review and diagnosis of the child's behavior and development.
- c. Behavioral Assessment - A Comprehensive assessment is an individualized examination which establishes the presence or absence of developmental delays and/or disabilities and determines the recipient's readiness for change, and identifies the strengths or problem areas that may affect the recipient's treatment.
- d. Adaptive Behavioral Treatment Intervention - Is the systematic use of behavioral teaching techniques and intervention procedures to include intensive direction instruction by the interventionist and family training and support. Treatment may be individual, family, and or group setting.

- e. Adaptive Behavioral Family Treatment - The training in behavioral techniques to be incorporated into daily routines of the child and ensure consistency in the intervention approach. Treatment may be individual, family, and or group setting.

Prior authorization and service limits are applicable for treatment services and can be found in Chapter 1500 of the Medicaid Services Manual. Service limits may be exceeded based upon medical necessity.

Medicaid does not reimburse for:

- a. Services which do not meet medical necessity requirements.
- b. Educational services being provided under an Individualized Education Program (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA).
- c. Custodial care, child care, and/or respite care services.
- d. Treatment whose purpose is vocational or recreational.
- e. Services, supplies, or procedures performed in a non-conventional setting including but not limited to: Resorts, Spa, and Camps.
- f. Care coordination and treatment planning.
- g. Duplicative services.

#### Provider Qualifications

To be recognized and reimbursed for intensive behavior intervention, the provider must be one of the following:

- a. Licensure as a Physician by the Nevada State Board of Medical Examiners and acting within their scope of practice.
- b. A doctoral degree in psychology obtained from an approved doctoral program in psychology accredited by the American Psychological Association (APA) or a doctoral program in psychology accredited individually or as part of an institutional accreditation by another private or governmental accrediting agency, when the association's or agency's standards and procedures have been approved by the Nevada State Board of Psychologist Examiners. Licensed in the state in which they perform the functions or actions, and acting within their scope of practice.

- c. A qualified Behavior Analyst (BCBA/D) is an individual who has earned a master's degree level and/or doctorate from an accredited college or university in a field of social science or special education and holds a current certification as a Board Certified Behavior Analyst by the Behavior Analyst Certification Board, Inc., and licensed by the Nevada State Board of Psychologist Examiners, and acting within their scope of practice as defined by state law.
- d. A qualified Assistant Behavior Analyst (BCaBA) is an individual who has earned a bachelor's degree from an accredited college or university in a field of social science or special education approved by the Board and holds a current certification as a Board Certified Assistant Behavior Analyst by the Behavior Analyst Certification Board, Inc., and licensed by the Nevada State Board of Psychologist Examiners, and acting within their scope of practice. All BCaBAs must practice under the supervision of a Licensed Psychologist or BCBA/D.
- e. A Registered Behavior Technician (RBT) is an individual who has earned a high school diploma or equivalent, completed training and testing as approved and credentialed by the Behavior Analyst Certification Board, and acting within their scope of practice. All RBTs must practice under the supervision of a Licensed Psychologist, BCBA/D, or BCaBA.

- 4.c. Family planning services are not covered for individuals whose age or physical condition precludes reproduction. Tubal ligations and vasectomies to permanently prevent conception are not covered for anyone under the age of 21 who is adjudged mentally incompetent or who is institutionalized.
- 5.b. Medical and surgical services provided by a dentist are limited to providers who are a doctor of dental medicine or dental surgery. Reference 42 CFR 440.50 (b) for further information.
- 6.a. Podiatrists' services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.

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4. EPSDT and Family Planning

I. Early and periodic screening, diagnosis and treatment (EPSDT) services will be reimbursed the lower of a) billed charge, or b) fixed fee per unit as indicated for specific services listed elsewhere in this attachment.

A. School Based Child Health Services (SBCHS) delivered by school districts and provided to children with disabilities in accordance with the Individuals with Disabilities Act (IDEA). Services include:

1. Physician's services,
2. Physician's assistant services,
3. Nursing services including registered nurses, licensed practical nurses and advanced nurse practitioners,
4. Psychological services,
5. Physical therapy services,
6. Speech therapy, language disorders and audiology services,
7. Occupational therapy services, and
8. Medical supplies, equipment and appliance services – Assistive Communication Devices, audiological supplies and other Durable Medical Equipment (DME).

B. SBCHS – Reimbursement Methodology

SBCHS described in Attachment 3.1-A, Page 2a-2h of the Nevada State Plan and provided by an enrolled school district are reimbursed the lower of: a) billed charges; or b) a fixed fee schedule.

A fixed fee schedule: as indicated for specific services listed elsewhere in this attachment e.g., psychologist services, nursing services, and therapy services. All rates are published on the agency's website: <http://dhcfp.nv.gov>.

The Agency's rates are set as of July 1, 2009 and are effective for services on or after July 1, 2009.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of SBCHS and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website: <http://dhcfp.nv.gov>.

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- C. Applied Behavior Analysis (ABA) services as stated in Nevada State Plan Attachment 3.1-A, Intensive Behavior Intervention.

Applied Behavior Analysis (ABA) Reimbursement Methodology

ABA services described in Attachment 3.1-A, pages 2i - 2k of the Nevada State Plan and provided by an enrolled qualified medical professional according to ABA requirements listed in Attachment 3.1-A, pages 2j and 2k, are reimbursed the lower of: a) billed charges; or b) a fixed fee schedule.

A fixed fee schedule: as indicated for specific services listed elsewhere in this attachment e.g., Intensive Behavior Intervention. All rates are published on the agency's website: <http://dhcfp.nv.gov>.

The Agency's rates are set as of January 1, 2016 and are effective for services on or after January 1, 2016.

Payments for services billed by ABA Qualified Medical Professionals will be reimbursed based on provider qualifications.

- i. Nevada Licensed Physician (MD) or Board Certified Behavior Analyst (BCBA) or Psychologist with a specialty in Behavior Intervention (PhD) will be reimbursed at 65% of Medicare rates as published in the Federal Register on July 14, 2014. 42 CFR 411, 412, 416, *et al*.
- ii. Board Certified Assistant Behavior Analyst (BCaBA) will be reimbursed at 60% of the Physician rate.
  - a. Certified Autism Behavior Interventionist (CABI) or Registered Behavioral Technicians (RBT) rate methodology:
    1. The rates are market based. This model was developed to reflect provider requirements, operational service delivery, recruitment and administrative considerations. The following elements were used to determine the rates:
      - a. Wage Information – The wage is based on similar occupations identified by Medicaid staff as comparable under the mental health rehabilitation program.
      - b. Employee Related Expenses (ERE) – ERE includes paid vacation, sick leave, holiday, health/life insurance, disability, workers compensation, payroll taxes, Medicare and federal income taxes.

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- c. Productivity Adjustment Factor – This includes non-billable time spent by staff to include required case documentation and record keeping, time associated with missed/cancelled appointments and average travel time.
- d. Allowances for Supervisory Time – Costs for the time directly spent in supervising the field staff as required by regulations.
- e. Administrative Overhead – This includes costs associated with non-direct care activities such as staff meetings, required testing, certification and annual training requirements.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of ABA services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website: <http://dhcfp.nv.gov>.

- II. Family planning services and supplies: as indicated for specific services listed elsewhere in this attachment, e.g., physician services, prescribed drugs.