

MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

October 20, 2010

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: MARTA E. STAGLIANO, CHIEF, COMPLIANCE *M. Stagliano*

SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 2800 – SCHOOL BASED CHILD HEALTH SERVICES

**BACKGROUND AND EXPLANATION**

Chapter revisions are a result of the approved Nevada Medicaid State Plan Amendment (SPA) School Based Child Health Services (SBCHS) #08-009, effective July 1, 2009. The Medicaid Services Manual (MSM) Chapter 2800 revisions include recipient’s eligibility requirements, service coverage and service limitations with identifying the service provider and their qualifications.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These policy changes are effective October 21, 2010.

**MATERIAL TRANSMITTED**

MTL 45/10  
CHAPTER 2800 – SCHOOL BASED  
CHILD HEALTH SERVICES

**MATERIAL SUPERSEDED**

MTL 27/03, 05/08, 25/08,  
CHAPTER 2800 – SCHOOL BASED CHILD  
HEALTH SERVICES

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>2802</b>	<b>Definitions</b>	<p>Removed definition numbering.</p> <p>Removed the definitions for Allied Health Professional (AHP) and Education Health Professional (EHP)</p> <p>Added Benchmark to Short-Term Objectives and revised definition to reflect the name change.</p>
<b>2803.1</b>	<b>Policy Overview</b>  <b>Coverage and Limitations</b>	<p>Revised Policy Overview regarding reimbursement to the School Districts.</p> <p>Updated coverage – is available for eligible Medicaid and Nevada Check Up Children between 3 years of age and under the age of 21 in both Fee-</p>

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		For-Service and Managed Care.
		Clarified Limitations and Non-Covered SBCHS
	<b>Provider Responsibility</b>	<p>Removed the following language:</p> <ul style="list-style-type: none"> <li>• all medical records must be maintained for 7 years and all fiscal records must be maintained for 3 years, or longer if an audit is in progress.</li> <li>• Allied Health Professional (AHP).</li> <li>• up to two IEPs a year may be billed for a student.</li> </ul>
		Clarified Medical or Treatment Services
		Added new language to the section “By or Under the Direction of”
<b>2803.2</b>	<b>Provider Qualifications</b>	Added section Provider Qualifications
<b>2803.3</b>	<b>Physician, Physician’s Assistant &amp; Advance Nurse Practitioner Services</b>	Added Physician, Physician’s Assistant & Advance Nurse Practitioner Services as a new section.
<b>2803.4</b>	<b>Psychological Counseling - Coverage and Limitations</b>	<p>Clarified coverage and limitations</p> <p>Removed language stating consultation to other educational personnel and/or parents/guardians provided by a qualified psychologist regarding the diagnosis or treatment of an eligible recipient of Rehabilitative Mental Health Services.</p>
		Removed subsections Provider Responsibility and Recipient Responsibility.
<b>2803.5</b>	<b>Nursing Services Coverage and Limitations</b>	<p>Revised skilled nursing services</p> <p>Added detailed information on Coverage and Limitations</p> <p>Removed subsections Provider Responsibility, Recipient Responsibility, and Authorization Process.</p>

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
2803.6	<b>Physical Therapy Services</b>  <b>Coverage and Limitations</b>	Updated Physical Therapy Services  Expanded Covered Services  Removed subsections Provider Responsibility and Recipient Responsibility.
2803.7	<b>Occupational Therapy Services</b>  <b>Coverage and Limitations</b>	Clarified definition of Occupational Therapy Services  Added the following information: <ul style="list-style-type: none"> <li>• task-oriented activities to prevent or correct physical or emotional deficits to minimize the disabling effect of these deficits.</li> <li>• exercise to enhance functional performance.</li> <li>• payment is excluded for participation time of IEP/IFSP development for educational processes and goals.</li> </ul> Removed subsections Provider Responsibility, Recipient Responsibility, and Authorization Process.
2803.8	<b>Speech Therapy and Audiology Services</b>  <b>Coverage and Limitations</b>	Revised necessary speech, hearing and language pathology services  Replaced rehabilitate and remediate with correct or ameliorate  Removed subsections Provider Responsibility, Recipient Responsibility, and Authorization Process.
2803.9	<b>Audiological Supplies, Equipment, Medical Supplies and Other DME</b>  <b>Coverage and Limitations</b>	Clarified language that the school district may be reimbursed for medically necessary audiology supplies, equipment & medical supplies when shown to increase or improve functional capabilities for individuals with disabilities.  Revised language for medical supplies and DME  Added reference to Chapter 2000 – Audiology Services for coverage and limitations on supplies and equipment.

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>2805</b>	<b>References and Cross References</b>	Removed Title Nevada Medicaid Provider Support Unit
<b>2805.2</b>	<b>Provider Specific Information</b>	Updated Chapter titles
<b>2805.3</b>	<b>Contracted QIO-Like Vendor and Fiscal Agent</b>	Updated QIO-like vendor from First Health Services Corporation to Magellan Medicaid Administration, Inc.
<b>Attachment A</b>		New table for Qualified Nevada Medicaid Providers

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## SCHOOL BASED CHILD HEALTH SERVICES

### 2800 INTRODUCTION

School Based Child Health Services (SBCHS) are medical services provided through a child's local school district that are designed to meet the health needs of a child toward the appropriate reduction of the impact of a physical or mental impairment and restoration to the child's 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.

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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 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
- NAC 640A.020
- NAC 640.001 to 006
- State Plan Amendment 3.1-A, G and H

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## 2802 DEFINITIONS

### ACCOMMODATIONS

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

### 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.

### ASSISTIVE COMMUNICATION DEVICE (ACD)

Assistive communication device (ACD) is durable medical equipment which helps speech, hearing and verbally impaired individuals communicate.

### AUDIOLOGY TESTING

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.

### 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.



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## 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 U.S.C. Section 1396.d (a)(4)(B). Nevada's program is named Healthy Kids.

## 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.

## 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.

## LOCAL EDUCATION AGENCY (LEA)

A public elementary or secondary school, or unit school district, or special education cooperative or joint agreement.

## 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.

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#### 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.

#### 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.

#### SHORT-TERM OBJECTIVES/**BENCHMARK**

**An IEP must contain a statement of annual goals, including a description of 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.**

#### 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.

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**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 Medicaid eligible students with a disability in the special education setting. Medicaid covers school based services 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 may provide to students with special health care needs.

For a school district to receive reimbursement for services through the Medicaid School Based Service program, each Medicaid eligible student must receive an Individualized Education Program (IEP) that specifies the services required to treat his or her identified medical condition(s) (through correction and amelioration of any physical and mental disability).

**2803.1A COVERAGE AND LIMITATIONS**

**1. PROGRAM ELIGIBILITY CRITERIA**

Only those services listed in the State Plan Amendment referring specifically to SBCHS are covered benefits.

- a. **School Based Child Health Services (SBCHS)** are available for eligible Medicaid and Nevada Check Up children between 3 years of age and under the age of 21, in both Fee-For-Service (FFS) and 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 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;
  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);

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4. The treatment services are a part of the recipient’s written IEP on file with the local school district. The plan 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.
5. All **applicable** federal and state Medicaid regulations should be 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 development for medical related services concerning each specific discipline. Nevada Medicaid reimbursement for the participation time in the IEP 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 Chapter and procedure codes listed on the DHCFP website Provider Type 60 SBCHS Fee Schedule at <http://dhcfnv.gov/RatesUnit.htm>.**
- c. **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.
- d. Services may not be provided to students under the age of three years old or over the age of 20.

## 3. COVERED SERVICES

SBCHS are medically necessary diagnostic, evaluative and **direct medical services to correct or ameliorate any physical or mental disability** that meet the medical needs of disabled children and youth. The services are provided as part of a local public school district special education program to meet the health needs of a child and directed at reducing 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.

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SBCHS Covered Services include:

- a. Psychological counseling service 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 Section 2803.4 of this Chapter.
- 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.
- c. 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 of this Chapter.
- d. Occupational therapy services when provided by a **Nevada** licensed occupational therapist to improve or restore function. Refer to Section 2803.7 of this Chapter.
- e. 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 of this Chapter.
- f. Assistive communication devices, **audiological supplies and disposable medical supplies** provided to serve a medical purpose, intervention to maintain or improve the student's health status. Refer to Section 2803.9 of this Chapter.

4. **NON-COVERED SBCHS**

- a. **Medical care not 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;
- 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**;

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- 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;
- g. Dental or related services (these services are available through the Medicaid Dental program);
- h. Treatment of obesity;
- i. Any immunizations, biological products and other products available free of charge from the State Health Division;
- j. Any examinations and laboratory tests for preventable diseases which are furnished free of charge by the State Division of Health;
- k. Any services recreational in nature, including those services provided by an adaptive specialist or assistant; and
- l. Textbooks or other such items that are educational in nature and do not constitute medical necessity.
- m. 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.
- n. Covered medical service(s) listed in an IEP for those dates of service when the IEP has expired.
- o. Covered medical or treatment service(s) which do not have a referral/prescription or certified as medically necessary by a Nevada licensed physician (school based or family designated), an APN or a Physician's Assistant operating within their scope of practice pursuant to Nevada State law.

2803.1B 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. as identified in the IEP.

As a condition of participation in the Nevada Medicaid program, all service providers must abide by the policies of DHCFP and state and federal laws and regulations, including

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but not limited to, the United States Code of Federal Regulations 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 subcontractors who **must** be enrolled as Medicaid providers. 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 must be licensed or certified by the appropriate state entity or national organization and provide services within their scope of practice.

## 2. ENROLLMENT PROCEDURES AND REQUIREMENTS

To be enrolled in the Nevada Medicaid Program, a school district must enter into an Inter-Local Agreement, signed by the school district 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.**

## 3. MEDICAL OR TREATMENT SERVICES

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



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- c. a licensed private practice physician or psychiatrist; or
- d. an APN or **Physician’s Assistant** acting within their scope of practice.

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 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 law and federal regulations to diagnose and treat individuals with the disability or functional limitations at issue and is operating within their scope of practice defined in State law and is supervising each individual’s care.

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(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.

5. **RESERVED FOR FUTURE USE**

6. 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.

7. INDIVIDUALIZED EDUCATION PROGRAM (IEP) ASSESSMENT/EVALUATION

An IEP evaluation/assessment is completed by an interdisciplinary team consisting of a minimum of a psychologist, registered nurse and special education teacher to determine a student's need for further testing. Other professional staff such as physical therapists,

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occupational therapists and speech therapists may provide input, as well as audiology, vision, health, education and the student's parents. As a result of this process, an IEP will be established outlining treatment modalities.

## 8. 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.

## 9. ELIGIBILITY VERIFICATION

Medicaid recipient eligibility is determined on a monthly basis. Therefore, it is important to verify the child'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 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 QIO-like vender's website for additional information: <https://nevada.fhsc.com/>.

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10. RECORDS

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

All medical and financial records which reflect services provided must be maintained by the school district and furnished on request to the Department or its authorized representative. A school, as a provider, must keep organized and confidential records that detail all recipient specific information regarding all specific services provided for each individual recipient of services and retain those records for review.

SBCHS providers must maintain appropriate records to document the recipient's progress in meeting the goals of the therapy. Nevada Medicaid reserves the right to review the recipient's records to assure the therapy is restorative and rehabilitative.

11. NON-DISCRIMINATION

School Districts must be in accordance with federal rules and regulations, the Nevada State DHCFP and providers of Medicaid services may not discriminate against recipients on the basis of race, color, national origin, sex, religion, age, disability or handicap.

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

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, Title V 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) is legally liable and responsible for providing and paying for services.

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The Medicaid 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. 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 (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.

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.

### 13. PARENTAL CONSENT

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 consent to bill Medicaid is required. This information is required to be kept on file for review/audit purposes. The intent of parental consent is to inform the parent that Nevada Medicaid may be billed for specific services that are identified through the IEP process. This 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 **Centers for Medicare and Medicaid Services (CMS)** that the per capita expenditures under **this** program will not exceed the per capita expenditures for the institutional level of care under the state plan. Parents with children eligible under **the Katie Beckett** program 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 for services outside of the school arena. Parents with a child eligible under **this** benefit program are encouraged to work closely with their Medicaid District **Office (DO)** case manager to assure services do not impact their eligibility status.

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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.

#### 14. NOTIFICATION OF SUSPECTED ABUSE/NEGLECT

The Division 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.

#### 2803.1C RECIPIENT RESPONSIBILITIES

The recipient or authorized representative shall:

1. Provide the school district with a valid Medicaid card at the district's request.
2. Provide the school district with accurate and current medical information, including diagnosis, attending physician, medication, etc.
3. Notify the school district of all insurance information, including the name of other third party insurance coverage.
4. Participate in the IEP development meeting(s).
5. Every student, their Legally Responsible Adult (LRA) or legal guardian is entitled to receive a statement of students or parent/guardian rights from their school district. The recipient, their LRA, or legal guardian should review and sign this document.

#### 2803.1D AUTHORIZATION PROCESS

1. Prior authorizations are not required for any School Based Health Services that may be reimbursed for a Medicaid-eligible child. Refer to Section 2803.1A 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 and substantiated that the services are medically necessary by a signature by the school based or family designated physician, APN or Physician's Assistant. A referral and signature do not constitute medical necessity. Refer to MSM Chapter 100 for the definition of medical necessity.

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

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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, 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 and progress notes of the recipient, 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 billing manual provider type 60 can be found at our QIO-like vendor's website <https://nevada.fhsc.com>.

## 2. MISCELLANEOUS PROVISIONS

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

### 2803.2 PROVIDER QUALIFICATIONS

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

It is the responsibility of the school district to assure all billed Medicaid covered services are rendered by the appropriately licensed providers. Each school district 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.

### 2803.3 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 or under the personal supervision of a physician and that are within the scope of practice of their prognosis as defined by State law. Services must be performed by the physician or by a licensed professional working under the personal supervision of the physician.

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### 2803.3A COVERAGE AND LIMITATIONS

#### COVERED SERVICES

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.
4. 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.

### 2803.4 PSYCHOLOGICAL COUNSELING

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.

### 2803.4A COVERAGE AND LIMITATIONS

#### COVERED SERVICES

1. **Mental Health assessment, 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. 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;
3. 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;

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4. Psychological testing, assessment of motor language, social, adaptive and/or cognitive functioning by standardized development instruments (non-educational cognitive); and
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.

#### 2803.5 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.

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 in accordance with the IEP, to be safe and effective. An LPN may participate in the implementation of the plan of care for providing care to students under the supervision of a licensed RN, or physician, or advanced nurse practitioner that meet the federal requirements at 42 CFR 440.166. Services considered observational or stand-by in nature are not covered. Nursing Services are provided to an individual on a direct, one-to-one basis, on site within the school district setting.

#### 2803.5A COVERAGE AND LIMITATIONS

Nursing Services are provided by a RN or LPN licensed by the State of Nevada 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);
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 IEP/IFSP;
7. Tube feedings;
8. Ventilator Care; or



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9. 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. (RN only)

## 2803.6 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 license physical therapist assistants functioning under the supervision of the school-based licensed physical therapist may assist in the delivery of the plan of treatment.

Physical Therapy means services prescribed by a physician or other licensed practitioner of the healing arts operating within the scope of practice under 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.

Physical Therapy Evaluation, and 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.

### 2803.6A COVERAGE AND LIMITATIONS:

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

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## 2803.7 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. 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.

Occupational Therapy **Evaluation and 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 of function; obtaining and interpreting information; coordinating care and integrating services student is receiving.**

### 2803.7A COVERAGE AND LIMITATIONS

#### 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 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 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.**

## 2803.8 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**

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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.

## 2803.8A COVERAGE AND LIMITATIONS

### COVERED SERVICES

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 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.**

## 2803.9 AUDIOLOGICAL SUPPLIES, EQUIPMENT, MEDICAL SUPPLIES AND OTHER DURABLE MEDICAL EQUIPMENT

The school district, as a Medicaid provider type 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 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 or a prescription** by a licensed physician, APN or **Physician's Assistant** providing services within the scope of medicine as defined by state law and provided through the IEP.

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**2803.9A COVERAGE 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 State law.
2. Durable Medical Equipment (DME) is considered items such as assistive communication devices (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, prosthetic, orthotics and supplies. Some services may require prior authorization.
3. DME, assistive communication devices, 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 Chapter 1300 (DME, Prostheses and Disposable Supplies) for coverage and limitations on durable medical equipment, **prostheses and disposable medical supplies**.

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

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2804 HEARINGS

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

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2805 REFERENCES AND CROSS REFERENCES

2805.1 **RESERVE FOR FUTURE USE**

2805.2 PROVIDER SPECIFIC INFORMATION

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

Medicaid Services Manual:

Chapter 100	<b>Medicaid Program</b>
Chapter 400	Mental Health and Alcohol Substance Abuse Services
Chapter 600	Physician <b>Services</b>
Chapter 1300	DME, <b>Disposable Supplies and Supplements</b>
Chapter 1500	Healthy Kids <b>Program</b> (EPSDT)
Chapter 1700	Therapy
<b>Chapter 2000</b>	<b>Audiology Services</b>
Chapter 3100	Hearings
Chapter 3300	<b>Program Integrity</b>
Chapter 3600	Managed Care <b>Organization</b>

Nevada Check Up Manual:

Chapter 1000	Nevada Check Up Program
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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

Qualified Nevada Medicaid Providers	Supervisor	Supervisee Bill "Under The Direction of a Supervisor"
<b>PHYSICIAN SERVICES</b>		
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.		✓
<b>PSYCHOLOGY SERVICES</b>		
A Doctorate Degree in Psychology and licensed by the State of Nevada Board of Psychological Examiners.	✓	N/A
<b>NURSING SERVICES</b>		
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.		✓
<b>OCCUPATIONAL THERAPY SERVICES</b>		
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.		✓
<b>PHYSICAL THERAPY SERVICES</b>		
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.		✓
<b>SPEECH PATHOLOGIST SERVICES</b>		
Nevada Board of Examiners for Audiology and Speech Pathology NRS 637B.160 <u>and</u> 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	✓	
<b>AUDIOLOGY SERVICES</b>		
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
<b>AUDIOLOGICAL AND MEDICAL SUPPLIES</b>		
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