

Overview of Initiative

The Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP) currently allows local education agencies (LEAs) and state education agencies (SEAs) to enroll as Medicaid providers, which allows these entities to receive reimbursement for health services provided to Medicaid-eligible students. The Nevada school-based Medicaid program is administered by DHCFP and is locally known as the School Health Services (SHS) program. DHCFP is working to improve program materials for LEA/SEAs and is creating a new user-friendly SHS Manual.

Background on Stakeholder Engagement

DHCFP facilitated a 90-minute stakeholder session on October 10, 2024 to gather stakeholder feedback related to the revised draft SHS Manual. The feedback from this session is recorded in the table below.

See Appendix A for a full list of attendees.

Feedback Notes

TOPIC	SUMMARIZED COMMENTS
General Notes	<ul style="list-style-type: none">The manual is improved and more user-friendly.
Chapter One	<ul style="list-style-type: none">Typically, changes to a manual are highlighted in red or otherwise notated. Will this happen or do the documents need to be compared?<ul style="list-style-type: none">DHCFP: The manual is being replaced, so the changes are too extensive to be in track changes. We will look for opportunities to document or provide a summary of substantial changes.Previous materials included specific information about coverage of the Katie Beckett policy, is this mentioned in this section? Do SHS services impact access to community services?<ul style="list-style-type: none">DHCFP: There is no content in this draft. We will follow-up on what should be included.
Chapter Two	<ul style="list-style-type: none">There were multiple comments and questions about enrolling providers with Medicaid. LEAs typically noted the administrative burden this would cause them and asked for a grace period to implement this change. Other comments related to enrollment included out of state providers and RNs working under a QMHA.<ul style="list-style-type: none">DHCFP: There are CMS requirements for enrollment that need to be met. Providers will not need to be linked to the school. For providers eligible to enroll in Medicaid – i.e. Licensed psychologists, there are CMS requirements to ensure that the provider is eligible to participate in Medicaid. This ensures that a provider who has been disqualified or had a sanction against them cannot come to another state or school to get around the sanction.DHCFP: State plan is adding in school counselors, psychologists, and social workers to be SHS providers.DHCFP: Acknowledged that this is a big administrative burden on the schools. However, there are CMS requirements that must be met.There were multiple questions related to whether transportation services will be covered.<ul style="list-style-type: none">DHCFP: This will be reviewed.

TOPIC**SUMMARIZED COMMENTS**

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Chapter Three	<ul style="list-style-type: none">▪ There were multiple questions related to whether 504 plans satisfy the plan of care (POC) requirements.<ul style="list-style-type: none">▪ DHCFP: A 504 is allowed to serve as the POC. But it must include the required information in order to do so. A POC for children not on a 504 needs to include a list of services that the student needs. DHCFP can clarify this in the manual.▪ DHCFP: QBA, QMHP and QMHA provider types are going to be removed from this manual.▪ Applied behavioral analysis is a service type and not a provider. The service could be provided by multiple types of providers, including RBTs, BCBAs, and BCaBAs.<ul style="list-style-type: none">▪ DHCFP: We will review and update as appropriate.▪ A stakeholder asked if sections 3.3 and 3.4 are new? A provider must go through revalidation every 5 years and the requirement for a trading partner agreement for the billing agent.<ul style="list-style-type: none">▪ DHCFP: These are not new requirements.▪ Comment via chat: In 3.1.2.1 Obtain an NPI: I would add inclusion of Endpoint information. While it's optional in NPPES, having it documented is critical in ensuring data exchange (ADT, care summary exchange, etc.).
Chapter Four	<ul style="list-style-type: none">▪ A stakeholder asked if the Child and Adolescent Service Intensity Instrument (CASI) score is considered in determining medical necessity? Does a CASI score meet the medical necessity requirements? Usually this comes with a diagnosis and a level of care/level of need assignment. This could be determined by another assessment.<ul style="list-style-type: none">▪ DHCFP: Medical Necessity has a definition and CASI is an assessment screening tool. There are concerns about whether this applies or is appropriate. The behavioral health team is looking at this.▪ In the EPSDT section is there verbiage around screening completed by a provider that is working within their scope of practice?<ul style="list-style-type: none">▪ DHCFP: This is in the state plan amendment. This is not called out in the guide. DHCFP will look into this.▪ A stakeholder stated that school nurses do vision and hearing screenings at the beginning of the year. However, if a student needs a reassessment, they would re-screen but not necessarily do a new plan of care. Would that be covered?<ul style="list-style-type: none">▪ DHCFP: If there is provider documentation on why the screening is needed, it can be covered; this could be documented via notes.▪ Previously there was guidance that LEAs were not supposed to use the EPSDT screening codes because they do not meet the requirements of the screening (like unclothed examination). Can we provide EPSDT services if we don't do the entirety of the visit?<ul style="list-style-type: none">▪ DHCFP: There are other codes that you can use, such as T1001. DHCFP will explore providing further guidance and discuss with CMS.▪ Stakeholder follow-up: Billing through three different codes is administratively burdensome.▪ On page 19, section 4.33, the bullet on speech and language services is confusing. Word drills are a service we can bill for. Word drills are a part of articulation therapy. The speech language pathologist may or may not have contact with the child. There are times where children are sent forward with articulation strategies.

TOPIC**SUMMARIZED COMMENTS**

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	<ul style="list-style-type: none">▪ DHCFP: We will review and clarify.▪ Stakeholders discussed qualifications for medication administration, especially as it relates to licensed/credentialed staff unlicensed staff.<ul style="list-style-type: none">▪ DHCFP: Will review these requirements and explore adjustments.▪ A stakeholder provided this link for reference: https://nevadanursingboard.org/wp-content/uploads/2022/05/School-Nurse-PD-5.24.22.pdf▪ Under PT/OT/ST, the medical team conference was added back in to the manual. Is this correct that they can bill for a medical team conference?<ul style="list-style-type: none">▪ DHCFP: These providers are allowed to be part of the medical team; however, only one person can bill for the conference.▪ A stakeholder requested that group nursing services be covered under the SHS program and asked how emergency services will be covered since there is no POC.<ul style="list-style-type: none">▪ DHCFP: Agreed that it is not reasonable to have a POC for emergency situations like a concussion.▪ Follow-up stakeholder comment: Currently there is an assessment that is allowable in other states. Would DHCFP please consider this option.▪ There was a comment related to page 33 under 5.9.2 the manual indicates that providers must directly bill DHCFP and asked if billing vendors are allowed.<ul style="list-style-type: none">▪ DHCFP: This will be removed and billing vendors are allowed.▪ There was a comment about claim denials due to the service being outside the IEP dates even though the diabetes medical management orders were valid.<ul style="list-style-type: none">▪ DHCFP: This should not be happening. Please send ICN or claim examples for further review
Chapter Five	<ul style="list-style-type: none">▪ Under personal care services on page 31, are the records required to be retained for 5 or 6 years? What record types are required? What type of records are needed for employees?<ul style="list-style-type: none">▪ DHCFP: Five years is the standard for post payment review under Medicaid. We will check on the six-year requirement to confirm the correct number. DHCFP will review and follow up.▪ There was a general comment about functions required within an LEA's EHR.▪ There was a general comment about supervisory roles and that there is the ability to identify them through the IEP. Part of the reason for the change away from QMHP is that school psychologists have higher scope and training in a school setting.<ul style="list-style-type: none">▪ DHCFP: This language is still under development and will be revised. We do not want to create additional work for schools. DHCFP will follow up on this item.▪ A stakeholder asked, what does clinical supervision rendered on site mean?<ul style="list-style-type: none">▪ DHCFP: This is not a requirement. It is best practice. Some districts can only afford to have one type of provider for this service. DHCFP will revise the language to make this more flexible.▪ There was a question about whether a physical therapy assistant being supervisor by a licensed physical therapist was new.

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	<ul style="list-style-type: none"> ▪ There was a suggestion to emphasize the term "clinical oversight and chart review". <ul style="list-style-type: none"> ▪ DHCFP: We will review that request.
Chapter Six	<ul style="list-style-type: none"> ▪ Did not review this chapter in the session
Chapter Seven	<ul style="list-style-type: none"> ▪ Did not review this chapter in the session
Appendices	<ul style="list-style-type: none"> ▪ Did not review this chapter in the session

Appendix A: Attendance

Stakeholders:

- Alyce Pagnello
- Amanda Mozes
- Angi Nasso
- Bobbi Shanks
- Bre Taylor
- Brian Hefferan
- Ivy Burns
- Cassandra Fox
- CCSD Team
- Charlene Melton
- Chassity Milla
- Christina Sapien
- Christy McGill
- Claudia and Alicia
- Cosette L
- Amy Coyne
- Damon Etter
- Dana Walburn
- Daniella Boris
- Sherron Dickenson
- Dolores Williamson
- Dr. Jennifer Lords
- Dr. Paul Lords
- Heather Strasser
- Jason Zona
- Jenna Redus
- Kaci Fleetwood
- Kathryn Bervin
- Katie Metz
- Kelsey Salazar
- Lisa Shea
- Lori Baumann
- Katherine Loudon
- Melissa Pagarigan
- Nancy Brooks
- Olivia Neiwirth
- Jeana Piroli
- Rachel Stewart
- Ronnie
- Rose Steffen
- Shannon Ramirez
- Sherri McPartlin
- Skyler Basanez
- Sydney Hanses
- Tamara Roseberry

DHCFP:

- Amber Neff
- Malinda Southard
- Monica Schiffer
- Marcel Brown
- Nhobelyn Kho
- Sarah Moses
- Stephanie Sadabseng

Milliman:

- Dennis Finnegan
- Katherine Wentworth
- Natalie Angel
- Kaitlin Schoewe