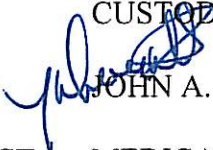


MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

August 26, 2008

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM:  JOHN A. LIVERATTI, CHIEF OF COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 2800 – SCHOOL BASED CHILD HEALTH SERVICES

BACKGROUND AND EXPLANATIONS

Changes will be effective upon approval of the public hearing. These revisions were updated in response to the new federal regulation 42 CFR Parts 431, 433, and 440 (CMS-2287-F) which eliminates federal Medicaid payment for transportation of school aged children from home to school and back. This includes specialized transportation for Medicaid eligible children on days when they receive Medicaid covered services at school. The school districts have not billed or received previous reimbursement for transportation services. The following changes to MSM Chapter 2800 do not financially impact the school districts.

MATERIAL TRANSMITTED

MTL 25/08

CHAPTER 2800 – SCHOOL BASED
CHILD HEALTH SERVICES

Sec. 2800

Added “and”

Added “except for those listed in Section 1003.14 of the Nevada Check Up Manual, Chapter 1000”

Sec. 2801

Sec. 2803.1A.3

Sec. 2803.1A.4

Added “.k. Transportation of school aged children to and from school, including specialized transportation for Medicaid

MATERIAL SUPERSEDED

MTL 27/03, 05/08

CHAPTER 2800 – SCHOOL BASED
CHILD HEALTH SERVICES

Deleted “and some transportation”

Deleted “, with the exception of the four areas where Medicaid and Nevada Check Up policies differ as documented in the Nevada Check Up Manual Chapter 1000 Chapter 3700.”

Deleted “and some transportation”

Deleted item “g.”

eligible children on days when they receive Medicaid covered services at school.”

Sec. 2803.1D

Added “our QIO-like vendor’s website for billable codes, School Based billing manual provider type 60 at <https://nevada.fhsc.com>

Deleted “Attachment A for billable codes.”

Sec. 2803.8

Deleted section on Transportation

Sec. 2803.8A

Deleted section on Coverage and Limitations

Sec. 2803.8B

Deleted section on Provider Responsibility

Sec. 2803.8C

Deleted section on Recipient Responsibility

Sec. 2803.8D

Deleted section on Authorization process

Attachment A

Deleted Attachment A from chapter

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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 School Based Child Health Services 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

2802.1 ACCOMMODATIONS

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

2802.2 ADAPTIONS

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

2802.3 ALLIED HEALTH PROFESSIONAL (AHP)

“Allied Health Professional (AHP)” means an individual licensed or certified by the appropriate agency of the state or professional organization to provide the type of allied service required to meet the child’s specific health needs.

2802.4 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.

2802.5 ASSISTIVE COMMUNICATION DEVICE (ACD)

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

2802.6 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.

2802.7 CONTINUUM OF SERVICES

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

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2802.8 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.

2802.9 DISABILITY

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

2802.10 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.

2802.11 EDUCATION HEALTH PROFESSIONAL (EHP)

"Educational Health Professional (EHP)" means an individual certified or licensed by the appropriate professional organization, to provide the type of service required to meet the child's specific health needs. Such health professionals may be nurses, psychologists, audiologists, physical therapists, occupational therapists, and speech therapists.

2802.12 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.

2802.13 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.

2802.14 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.

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2802.15 LOCAL EDUCATION AGENCY (LEA)

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

2802.16 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.

2802.17 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.

2802.18 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.

2802.19 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.

2802.20 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.

2802.21 REVIEW AND REVISION OF IEP

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

2802.22 SHORT-TERM OBJECTIVES

A required component of an IEP. Each annual goal must have at least one short-term objective.

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2802.23 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.

2802.24 SUPPORT SERVICES

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

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2803 POLICY

2803.1 POLICY STATEMENT ONE

It is the policy of DHCFP to support the provision of medically necessary health care services to students with special health care needs.

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. 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 are documented as part of the child's school record, including the name(s) of the health practitioner(s) actually providing the service(s);
 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 should include the signature by the school-based or family designated physician, advanced practitioner of nursing (APN) or physician's assistant (PA) substantiating that the treatment services are medically necessary services.
 5. All other federal and state Medicaid regulations should be followed, including those for provider qualifications, comparability of services and the amount, duration and scope 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. Reimbursement for no more than two IEPs in any calendar year period are allowed.
- b. Services are limited to those listed in the "Reimbursable Services" section of this

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- c. Services may be provided to a student through the school year in which a student reaches twenty-one (21) years of age.
- d. Services may be provided only when rehabilitation potential exists as identified in the IEP.
- e. Services may not be provided to students under the age of three years old or over the age of 21.

3. Covered Services

SBCHS are medically necessary diagnostic, evaluative and rehabilitative services 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 Individual Education Plan (IEP) process.

SBCHS Covered Services include:

- a. Psychological counseling service when provided by a licensed psychologist to perform diagnostic and treatment services for student's to fully benefit from an educational program. Refer to Section 2803.2 of this Chapter.
- b. Physical therapy service when provided by a licensed physical therapist to restore, maintain or improve muscle tone, joint mobility or physical function. Refer to Section 2803.4 of this Chapter.
- c. Nursing services when provided by a 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 2803.3 of this Chapter.
- d. Occupational therapy services when provided by a licensed occupational therapist to improve or restore function. Refer to Section 2803.5 of this Chapter.
- e. Speech therapy services when provided by a certified or licensed speech pathologist or audiologist for the treatment of speech, learning and language disorders. Refer to Section 2803.6 of this Chapter.

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- f. Assistive communication devices provided to serve a medical purpose, intervention to maintain or improve the student’s health status. Refer to Section 2803.7 of this Chapter.
4. Non-Covered SBCHS
- a. Information furnished by the provider to the recipient over the telephone;
 - b. Services which are educational, vocational or career oriented;
 - c. 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 an EHP or AHP;
 - d. 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;
 - e. Dental or related services;
 - f. Treatment of obesity;
 - g. Any immunizations, biological products and other products available free of charge from the State Health Division;
 - h. Any examinations and laboratory tests for preventable diseases which are furnished free of charge by the State Division of Health;
 - i. Any services recreational in nature, including those services provided by an adaptive specialist or assistant; and
 - j. Textbooks or other such items that are educational in nature and do not demonstrate medical necessity.
 - k. **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.**

2803.1B PROVIDER RESPONSIBILITY

1. General Information

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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 rules of DHCFP and state and federal laws and regulations, including 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 Division of Health Care Financing and Policy. All providers must meet the requirements established for being a Medicaid provider. This includes the Local Education Agency's subcontractors who should 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 Division of Health Care Financing and Policy. Participating providers must comply with Medicaid regulations, procedures and terms of the contract.

The provider must allow, upon request of proper representatives of the Division of Health Care Financing and Policy, access to all records which pertain to Medicaid recipients for regular review, audit or utilization review. All medical records must be maintained for seven years.

All fiscal records must be maintained for a period of three (3) calendar years, or longer if an audit is in progress.

3. REHABILITATION OR TREATMENT SERVICES

Rehabilitation or treatment services must be certified as medically necessary by a licensed physician (school based or family designated), an Advanced Practitioner of Nursing (APN) or a Physicians Assistant (PA) providing services within the scope of medicine as defined by state law and provided through an IEP.

Treatment services are provided by or under the direction of 1) a school-based licensed physician; 2) a licensed physician or psychiatrist in a community-based or hospital clinic or; 3) a licensed private practice physician or psychiatrist; or, an APN or PA acting within their scope of practice. Treatment services may also be provided by a community-based private

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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 services may be provided by an Educational Health Professional (EHP) under the direction of a physician, Advanced Practitioner of Nursing (APN) or Physician’s Assistant (PA). The EHP may be in the employ of the local school district or on a salary, fee-for-service or contractual basis. Services may be provided by an EHP whether or not the physician, APN or PA is physically present on site at the time services are provided. The physician, APN or PA must assure the services are medically appropriate, as opposed to needs which are clearly only social, recreational or educational.

5. ALLIED HEALTH PROFESSIONAL (AHP)

"An Allied Health Professional under the direct supervision of" means at a minimum:

- a. Initial direction from the EHP;
- b. An on-site documented supervisory visit by the EHP for every four (4) visits per client; and
- c. Weekly direct documented supervisory contact by the EHP including case notes review with signature.

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 PA.

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.

All consultation and meetings preceding the IEP are considered covered by the IEP reimbursement.

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.

Up to two IEPs a year may be billed for a student.

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
- 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/>.

10. RECORDS

The evaluative and diagnostic services which determine the need for treatment and the Individualized Education Program (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.

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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 for a period of seven years from the date the services were rendered. 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 Division of Health Care Financing and Policy 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 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, 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. 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

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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 School Based Child Health Services 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 or through a Home and Community Based Wavier, Medicaid must assure CMS that the per capita expenditures under these programs will not exceed the per capita expenditures for the institutional level of care under the state plan. Parents with children eligible under either of these programs 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 these benefit programs are encouraged to work closely with their Medicaid District office case manager to assure services do not impact their eligibility status.

Consent must be obtained prior to billing for services that have been identified through the IEP process, as the legal guardian must review and sign the IEP document. 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.

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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, Advanced Practitioner of Nursing (APN) or Physician's Assistant (PA). A referral and signature do not constitute medical necessity. Refer to MSM Chapter 100 for the definition of medical necessity.

Pursuant to 42 CFR 440.110 and 42 CFR 440.130 a referral for services must be from a physician or other licensed practitioner of the healing arts, within the scope of his 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, 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

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and progress notes of the recipient, as outlined in this chapter, may be subject to recoupment.

Refer to our **QIO-like vendor's website for billable codes, School Based billing manual provider type 60** at <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 Medicaid Service Manual Chapter 100, Eligibility, coverage and limitations.

2803.2 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. Psychological Services include the evaluation, 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 does not allow these services to be billed by a master's level social worker, marriage family therapist or other mid-level clinician.

2803.2A COVERAGE AND LIMITATIONS

COVERED SERVICES

1. Evaluation/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.
4. 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.

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2803.2B PROVIDER RESPONSIBILITY

Refer to Section 2803.1B

2803.2C RECIPIENT RESPONSIBILITY

Refer to Section 2803.1C

2803.2D AUTHORIZATION PROCESS

Refer to Section 2803.1D

2803.3 NURSING SERVICES

Nursing Services may include the assessment, planning, delivery, and evaluation of health services for students whose health impairments require skilled nursing care. Nursing Services must be provided to the recipient on a direct, one-to-one basis, on site within the school district setting. Examples include, but are not limited to, catheterization, suctioning, tube feedings, complex medication administration and ventilator care. Such services must be based upon a licensed physician's order or an order from an APN or PA acting within their scope of practice and provided by a qualified EHP.

2803.3A COVERAGE AND LIMITATIONS

Nursing Services are provided by a registered nurse (RN) or licensed practical nurse (LPN) licensed by the State of Nevada and acting within their scope of practice.

1. Assessment of medical records, student's health status and setting in which the services must be delivered and evaluation of student's response to treatment.
2. Individual services including the planning for the delivery of care in consultation with parent, physician and school personnel and delivery of actual services such as specialized health procedures.
3. Consultation to other educational personnel provided by a qualified EHP regarding the diagnosis or treatment of an eligible recipient of nursing services.

2803.3B PROVIDER RESPONSIBILITY

Refer to Section 2803.1B

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2803.3C RECIPIENT RESPONSIBILITY

Refer to Section 2803.1C

2803.3D AUTHORIZATION PROCESS

Refer to Section 2803.1D

2803.4 PHYSICAL THERAPY SERVICES

Physical Therapy Services are performed by an appropriately certified or licensed physical therapist who develops a written individual program of treatment.

Physical Therapy means evaluation, treatment, and instruction to detect, assess, prevent, correct, alleviate, and limit the effect of physical disability, bodily malfunction and any bodily or mental disability by the use of therapeutic exercise and rehabilitative procedures.

Treatment employs, for therapeutic effects, physical measures, activities and devices, for preventive and therapeutic purposes, exercises, rehabilitative procedures, massage, mobilization, and physical agents including but not limited to mechanical devices, heat, cold, light, water, electricity, and sound.

Physical therapy also includes the administration, interpretation, and evaluation of tests and measurements of bodily functions and structures, the establishment and modification of treatment, and consultative, educational, and other advisory services, and instruction and supervision of supportive personnel.

2803.4A COVERAGE AND LIMITATIONS:

COVERED SERVICES

1. Evaluation/diagnosis performed in order 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 rehabilitate 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 the effects of motor delays, disabilities, and/or physical impairments.

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4. Consultation with other educational personnel and/or parents/guardians provided by a qualified EHP regarding the diagnosis or treatment of an eligible recipient of physical therapy services.

2803.4B PROVIDER RESPONSIBILITY

Refer to Section 2803.1B

2803.4C RECIPIENT RESPONSIBILITY

Refer to Section 2803.1C

2803.4D AUTHORIZATION PROCESS

Refer to Section 2803.1D

2803.5 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 direct supervision of the school-based licensed occupational therapist may assist in the delivery of the plan of treatment.

Occupational Therapy Services are services for the evaluation, planning, and implementation of a program of purposeful activities to develop adaptive skills necessary to achieve the maximal physical and mental functioning of the student in his daily pursuits.

The practice of occupational therapy includes, but is not limited to, evaluation and treatment of students whose abilities to cope with the tasks of living are threatened or impaired by physical illness or injury, emotional disorder, congenital or developmental disability, using:

- a. Such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living/learning areas for the handicapped.
- b. Such treatment techniques as task-oriented activities to prevent or correct physical or emotional deficits or to minimize the disabling effect of these deficits in the life of the student.
- c. Specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of

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adaptive equipment, specific exercises to enhance functional performance, and treatment techniques for physical capabilities for work activities.

2803.5A COVERAGE AND LIMITATIONS

COVERED SERVICES

1. Evaluation/diagnosis to determine the extent of a student's disabilities in areas such as sensorimotor skills, self-care, daily living skills, prevocational and work related tasks, 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 remediate and/or adapt skills necessary to promote the students' ability to function independently.
4. Consultation with other educational personnel and/or parents/guardians provided by a qualified EHP regarding the diagnosis or treatment of an eligible recipient of occupational therapy services.

2803.5B PROVIDER RESPONSIBILITY

Refer to Section 2803.1B

2803.5C RECIPIENT RESPONSIBILITY

Refer to Section 2803.1C

2803.5D AUTHORIZATION PROCESS

Refer to Section 2803.1D

2803.6 SPEECH THERAPY AND AUDIOLOGY SERVICES

Speech, Hearing, and Language Services include evaluation, diagnosis, planning, and implementation of a program for the treatment of speech, hearing, and language disorders which result in communication disabilities and are performed only by or under the direction of an appropriately certified or licensed speech pathologist or audiologist.

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2803.6A COVERAGE AND LIMITATIONS

COVERED SERVICES

1. Speech and Language evaluation/diagnosis of delays and/or disabilities including, but not limited to, voice, communication, fluency, articulation, or language development. Audiological evaluation/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 rehabilitate 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 remediate delays and/or disabilities associated with speech, language, hearing, or communication. Provided by a qualified EHP regarding the diagnosis or treatment of an eligible recipient of speech therapy or of audiological services.
4. Consultation with other educational personnel and/or parents/guardians provided by a qualified EHP regarding the diagnosis or treatment of an eligible recipient.

2803.6B PROVIDER RESPONSIBILITY

Refer to Section 2803.1B

2803.6C RECIPIENT RESPONSIBILITY

Refer to Section 2803.1C

2803.6D AUTHORIZATION PROCESS

Refer to Section 2803.1D

2803.7 ASSISTIVE COMMUNICATION DEVICES, AUDIOLOGICAL SUPPLIES AND OTHER DURABLE MEDICAL EQUIPMENT

Assistive Communication Devices, audiological supplies and other durable medical equipment are recognized as reimbursable when shown to be appropriate to increase, or improve the functional capabilities of individuals with disabilities. Assistive communication devices must be prior authorized by the QIO-like entity if over \$350.00.

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Such services must be recommended by a licensed physician, APN or PA providing services within the scope of medicine as defined by state law and provided through the IEP.

Services can include ear molds, hearing aids, dynamic and orthotic splints, braces and slings.

2803.7A **COVERAGE AND LIMITATIONS**

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

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2804 HEARINGS

Please reference Medicaid Services Manual, Chapter 3100 Hearings, for hearing procedures.

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- 2805 REFERENCES AND CROSS REFERENCES
- 2805.1 NEVADA MEDICAID PROVIDER SUPPORT UNIT
- 2805.2 PROVIDER SPECIFIC INFORMAITON

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

Medicaid Services Manual:

- Chapter 100 Eligibility Coverage and Limitations
- Chapter 400 Mental Health and Alcohol Substance Abuse Services
- Chapter 600 Physician's
- Chapter 1300 Durable Medical Equipment
- Chapter 1500 Healthy Kids (EPSDT)
- Chapter 1700 Therapy Services
- Chapter 3100 Fair Hearing Process
- Chapter 3300 Surveillance and Utilization Review Section
- Chapter 3600 Managed Care Program

Nevada Check Up 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:

First Health services Corporation
P.O. BOX 30026
Reno, NV 89520-3026
Toll Free within Nevada (877) NEV-FHSC (638-3472)
Email: nevadamedicaid@fhsc.com
Website: <http://nevada.fhsc.com>