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Governor

Richard Whitley
Director

School Health Access (SHA) Steering Committee

Division of Health Care Financing and Policy (DHCFP)

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Monica Schiffer, Chief, Community and Provider Engagement
Erica McAllister, School Health Services Liaison

December 18, 2024

Department of Health and Human Services

Helping people. It's who we are and what we do.

Agenda

1. SHA Steering Committee: New Member Recommendation Process
2. Needs and Infrastructure Assessment Findings Preview
3. SHA Resource Center Preview and Landscape Analysis
4. School Billing System/EHR Procurement
5. CMS School Health Services Grant Update
6. January SHA Steering Meeting – *scheduling in-process*
7. Closing

SHA Steering Committee Process for New Member Recommendations

Needs and Infrastructure Assessment

Preview of Findings from the Final Needs and Infrastructure Assessment

Needs Assessment Timeline

February 2024

First Annual School Survey

March 24, 2024

Grant application submitted to CMS

March-May 2024

Statewide School Listening Tour

October-November 2024

Additional research and needs assessment data collection

December 4, 2024

Stakeholder Session

January 30, 2025

Final needs assessments submitted to CMS

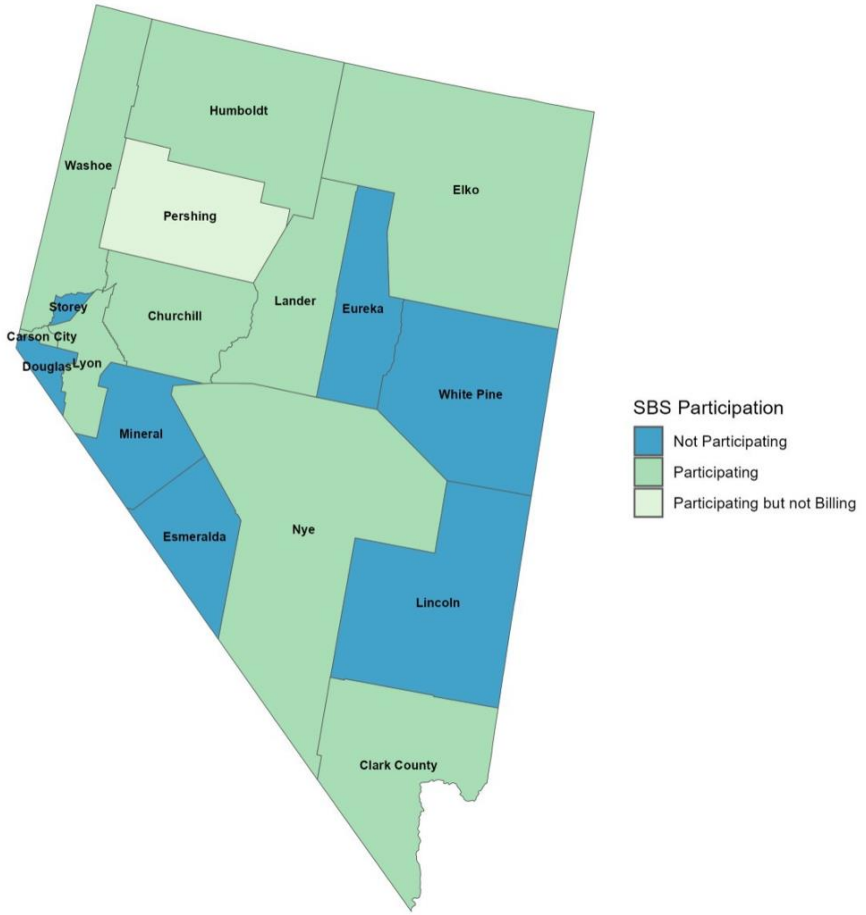
Data Sources

Annual DHCFP School Survey (February-March 2024):	21 responses from 13 districts
DHCFP Statewide School Listening Tour (March-May 2024):	14 districts
SHS Program and Claims Data (October-November 2024)	Publicly available data on Nevada's LEAs
Focus Groups with LEAs on EHRs (November 2024):	2 focus groups, 90 minutes each. Participants from 10 LEAs were represented across the sessions.
Focus Group with School Health Access (SHA) Steering Committee (November 2024):	State agency representatives, LEAs, and parents
Stakeholder Feedback Session (December 2024):	12 participants from 6 LEAs

Non-participating LEAs

Participation in the SHS program is uneven across Nevada's LEAs, with small, rural districts facing notable barriers.

- Counties not participating (highlighted in blue) are **typically rural and have small total student enrollments**
- 90% of students eligible for free and reduced lunch (FRL) in Nevada are enrolled in schools in districts that are already participating in the program.
- Nevada students eligible for FRL attending schools in participating districts would increase by 8%, reaching 98.9%, if the State Charter Authority and Pershing were to begin billing.



Medicaid Billing Complexities

Medicaid billing complexities limit SHS program participation and reimbursement

Survey Responses: "On behalf of your school district, what challenges are you currently facing regarding Nevada Medicaid and school health services?"

Challenges	Number of respondents	Percentage of respondents[1]
Billing issues—do not know how or do not have the capacity to bill Medicaid for services or another billing issue	15	71%
Policy issues—the Medicaid Services Manual and Billing Guide are too confusing and complicated to understand or another policy issue	9	43%
Communication issues—do not know who to contact to get help or another communication issue	6	29%

- Documentation burden
- Misalignment of professional licensure
- Limited staff capacity for Medicaid program's administrative responsibilities
- Lack of understanding of billing procedures and codes
- Suggested new role: expert coder

Barriers to Services in Rural and Tribal Communities

Barriers to access and a lack of trust in school mental health services limit participation in rural and Tribal communities.

- **Challenges Identified**
  - Geographic isolation and limited resources
  - Cultural dynamics leading to mistrust in school mental health systems
  - Workforce diversity gaps
- **Barriers to Service Access**
  - Misconceptions about scope of mental health services
  - Irregular onsite availability, affecting trust especially for Tribal populations and enrollment assistance
- **Suggested Solutions**
  - Develop targeted educational materials to clarify service scope
  - Cultural engagement and community outreach
  - Explore telehealth options, addressing mistrust and underutilization

Workforce Shortages

Workforce shortages, especially in rural areas, restrict Medicaid program capacity and increase administrative strain.

- **Qualified Provider Scarcity**
  - Leads to restricted Medicaid service delivery
  - Results in longer wait times for student services
- **Recruitment & Retention Issues**
  - Challenge in hiring providers familiar with rural/Tribal needs
  - High turnover rates exacerbate service continuity problems
  - Geographic isolation in rural areas limits access to mental health professionals
- **Medicaid Billing Complexities**
  - Insufficient staff knowledge increases reliance on external billing agents
  - Risk of billing errors and delays due to lack of specialized expertise
  - School services misaligned with outpatient-focused Medicaid billing model

Common EHRs

Successful adoption of a common EHR system requires district input, tailored design, and comprehensive staff training, but many LEAs lack resources to invest in suitable systems.

- **System Compatibility & Integration**
  - Standardization across districts benefits data transfer and student mobility
  - Challenges with data sharing and validation between SIS, EHRs, and billing platforms
- **Resource Limitations**
  - Many districts lack staff and technological expertise for system customization
  - Complexity of navigating multiple documentation and billing options is overwhelming
- **Statewide System Considerations**
  - Mixed opinions on adopting a common statewide billing and EHR system
  - Potential solution requires careful development, practitioner buy-in, and comprehensive staff training
- **District Involvement & Customization**
  - Essential to include district input in EHR system development
  - Tailored design needed to meet specific LEA needs and integration requirements

Findings

Needs Assessment Findings

1. Participation in the SHS program is uneven across Nevada's LEAs, with small, rural districts facing notable barriers.
2. Medicaid billing complexities limit SHS program participation and reimbursement.
3. Barriers to access and a lack of trust in school mental health services limit participation in rural and Tribal communities.

Infrastructure Needs Assessment Findings

1. Workforce shortages, especially in rural areas, restrict Medicaid program capacity and increase administrative strain.
2. Successful adoption of a common EHR system requires district involvement, tailored design, and comprehensive staff training.

SHA Resource Center

SHA Resource Center Preview and Landscape Analysis Discussion

The SHA Resource Center will serve as a centralized hub that is well-structured with easy navigation to educate, engage, and empower parties in operationalizing school health services.

School Health Access Resource Center

Get the School Health Services Guide

This guide helps Nevada LEAs join and manage the Medicaid School Health Services program, with steps for enrollment, billing, and compliance
PDF GUIDE COMING SOON

EPSDT

Early Periodic Screening, Diagnostic Treatment ensures Medicaid provides regular checkups and care for kids under 21, covering screenings, doctor visits, and necessary treatments even beyond standard coverage. Medicaid

Periodicity Schedule

The American Academy of Pediatrics Periodicity Schedule guides the delivery of age-appropriate care, aligning with Medicaid requirements to address routine and emergent health needs in students.

Get Help

For Training, outreach and questions,
email: SchoolHealthServices@DHCFP.nv.gov

Read the Policies

Behavioral Health

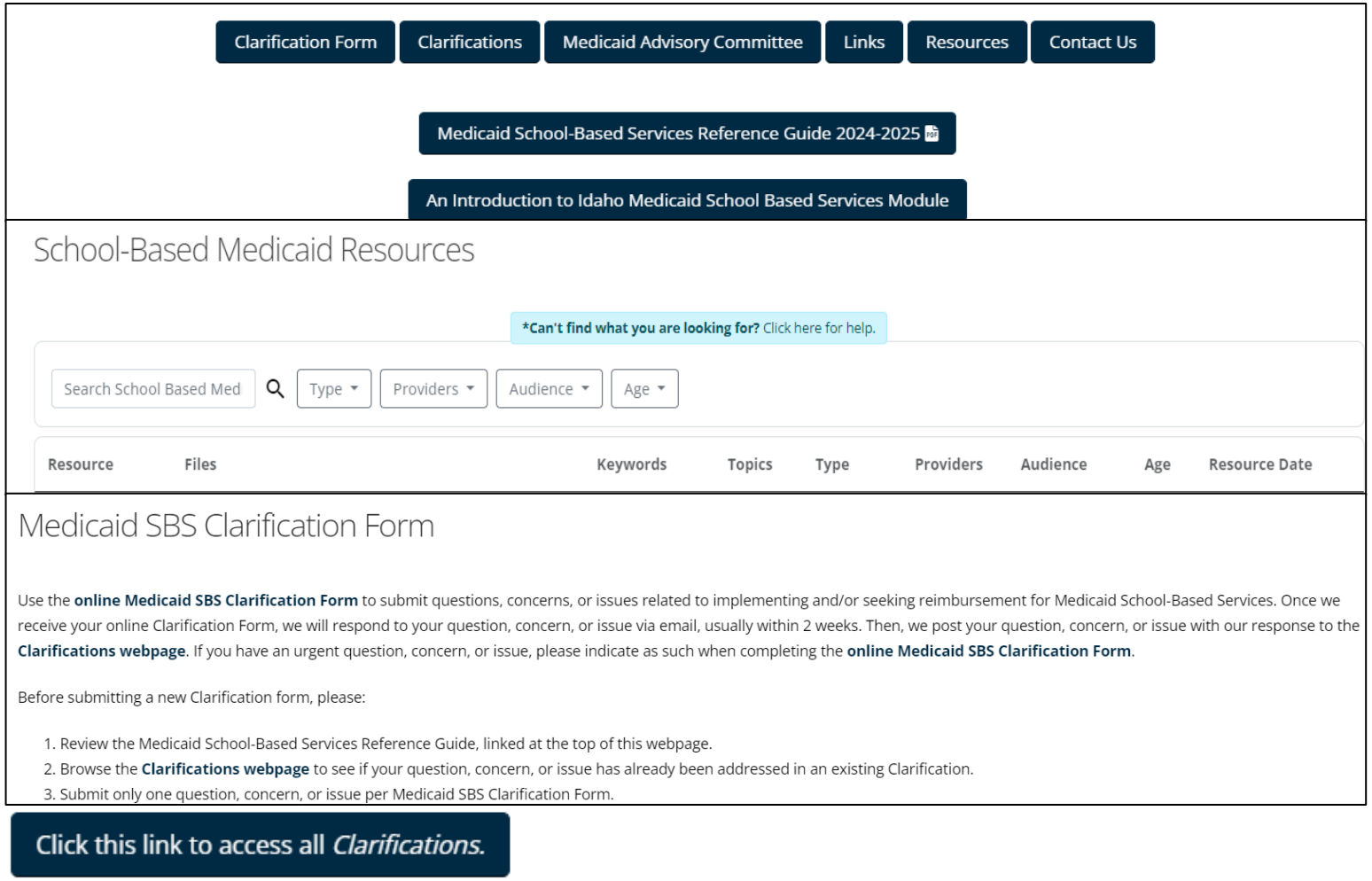
All School Health Resources

Landscape Summary

- An evaluation of state school-based Medicaid program resource centers identified common themes, strengths and weaknesses
  - Scope included other grant recipients and states that covered services outside of IEP

Favorable Design Features
• Advanced, searchable repository • Program information (e.g., handbook, billing tools and instructions, forms and logs, school contact information and LEA Assignments) • FAQ documents and logging questions asked/answered • Informative newsletters or memos to share updates • Recorded trainings and self-paced modules • Steering committee agendas, notes, materials • Referencing federal guidance (e.g., CMS informational bulletins) • Calendar

Example 1



Click this link to access all *Clarifications.*

- **Categorized information** and clear headers
- **Comprehensive resource library with advanced search tools** that allows searching by name, file type, provider, audience, age
- **Questions/concerns form and repository of responses** that provides a central location for submitting request and looking back at previously asked/answered topics
- **Medicaid Advisory Committee** includes LEA and DOE reps that collaborate on joint guidance

Example 2

About School Health Services (Medicaid) | Health and Wellness Quick Links

News and Announcements

CDE School Health Services (SHS) Program Learning Tool

Use the link below to access the CDE SHS Program Learning Tool. Topics in this Moodle course include the basics of the Local Services Plan (LSP) and the Reimbursement Spending Report (RSR), LSP development and implementation, and support tools available to program participants. This course offers valuable insights and practical tools to program participants, whether they are new to the program or looking to refresh their knowledge.

- Click here to access the CDE School Health Services (Medicaid) Program Learning Tool

Use the embedded feedback form in the tool to provide your feedback or to submit best practices for the program.

Program Rules and Information

- Fact Sheet (leaving CDE website)
- Timeline 2024-2025
- School Health Services Program Manual (Leaving CDE Website)

Program Resources

- CDE School Health Services (Medicaid) Program Parent Guide (PDF English)
- CDE School Health Services (Medicaid) Program Parent Guide (PDF Spanish)

Local Services Plan (LSP)

Reimbursement Spending Report to CDE

Community and State Partners

Connections Across CDE

- **News and Announcements** to share critical information
- **Learning Tool** that offers Moodle courses on the basics of local services plan and reimbursement spending report, and support tools
- **Rules and Information** that links fact sheet, key dates, and a program manual
- **Parent program resources** to provide education on services, offering consent, and reimbursement process

Considerations and Questions

- The resource center's scope of features will materialize as complexity, resource intensity, and maintenance capacity are evaluated

As the center is developed and evolves –

- What skills or knowledge do you feel are important to include?
- What specific challenges or obstacles do you encounter where training or resources could provide support?
- Are there additional training topics that would help you perform more effectively or efficiently?

School Billing System / EHR Procurement

System Recommendations and RFP Timeline

Information Collection

Jan 17: deadline for information collection and additional targeted stakeholder feedback to inform the final recommendations for system requirement and procurement

Recommendation Development

Jan 31: Analysis of findings and system options and recommendations draft; distribution and discussion with SHA Steering and LEA stakeholders

DHCFP Review and Feedback

Feb 7: DHCFP feedback on draft recommendations

Final Recommendations

Feb 14: Final recommendations to DHCFP

RFP Issued: System Procurement

Mar 31: DHCFP releases RFP for system procurement

Key Decision Points

What are we solving for?

- What **program or utilization outcomes** does DHCFP want to impact with system procurement?
- What are the criteria and limitations that must be considered?

Who are we solving it for?

- Who is most likely to benefit given how we define success (e.g. program or utilization targets)?
- Will there be any criteria or limitations to **which LEAs** can opt into the state-option system without cost?

How are we going to solve for it?

- What level or **scope of billing system / EHR** should be offered?
- What is the **roll of non-system solutions**, like technical assistance and trainings?

Information Collection

- DHCFP is collecting additional data and information from LEAs and other stakeholders to inform the final school billing system/EHR RFP

- Informational interviews with select LEAs that represent a spectrum of size and resource capacity, current program participation status, and populations of focus

- Email to all participating and non-participating LEAs to collect more detailed information on current systems and documentation processes

LEA Email Review

- Objective is to collect more detailed information on current systems and documentation processes from all Nevada LEAs that would potentially utilize a state-option billing system/EHR

- Email will be distributed this afternoon via the SHS inbox email address with a requested deadline of Friday, January 17

- DHCFP is requesting input from the SHA Steering Committee on language and content of the request to ensure that it is both clear and relevant
  - Any terminology that should be explained/changed
  - Any information that can be provided by NDE (e.g. InfiniteCampus operational or implementation guides / manuals)

LEA Email (Participating)

Dear [Recipient's Name],

To support Nevada's activities related to the CMS School Based Services Grant, we are working with our project vendors to enhance data integration and reporting for school-based health services across Nevada. To better understand current practices and improve alignment with statewide standards, we are seeking input from Local Education Agencies (LEAs) like yours that are currently billing Medicaid through the School Health Services (SHS) program.

Specifically, we would like to request the following information:

1. **Internal School Systems**
    - Name/vendor of system (e.g. InfiniteCampus)
    - A description of the data being collected in your legacy school systems (e.g., immunizations, health records, student demographics).
    - The format of this data (e.g., CSV, XML, JSON).
    - Any data specifications or guidelines currently being followed for this data (user guides, manuals, etc.)
2. **IEP Systems**
    - System(s) name/vendor(s) (e.g. InfiniteCampus, PCG EdPlan, etc. – list all if multiple systems are used)
    - A description of the data being documented in your IEP systems.
    - The format of this data (e.g., structured forms, free text fields, or exportable file formats).
    - Any data specifications or guidelines currently in use for IEP documentation (user guides, manuals, etc.)
3. **EHR or Billing Systems**
    - System name/vendor(s) (e.g. bhworks or Frontline EHR, PCG billing system, etc. – list all if multiple systems are used)
    - A description of the data being collected in your EHR or billing systems (e.g., Medicaid service records, procedure codes, diagnoses).
    - The format of this data (e.g., ICD-10, LOINC, SNOMED CT).
    - Any data specifications or guidelines currently in use for these systems (user guides, manuals, etc.)

Additionally, if you are working with a systems vendor, we request that they provide a sample de-identified data file (meaning no student data included, empty templates only) from your legacy school systems, IEP systems, and EHR or billing systems to help us better understand system outputs.

Your assistance is critical in developing a common conveyance data standard that accommodates existing systems while ensuring future scalability. Please let us know if you require a secure method for sharing this information or have any questions about this request.

Thank you for your cooperation and for helping us improve health services for Nevada students.

LEA Email (Not Participating)

Dear [Recipient's Name],

I hope this email finds you well. As part of our initiative to streamline and enhance data integration for school-based health services across Nevada, we are reaching out to Local Education Agencies (LEAs) to gather information on current data collection practices.

Even if your LEA is not currently billing Medicaid for school-based health services, understanding your data collection processes will help us develop a robust, adaptable data standard that benefits all Nevada LEAs.

Specifically, we would like to request the following information:

1. **Internal School Systems**
    - System name/vendor(s) (e.g. InfiniteCampus)
    - A description of the data being collected in your legacy school systems (e.g., immunizations, health records, student demographics).
    - The format of this data (e.g., CSV, XML, JSON).
    - Any data specifications or guidelines currently being followed for this data (user guides, manuals, etc.)
2. **IEP Systems**
    - System(s) name/vendor(s) (e.g. InfiniteCampus, PCG EdPlan, etc. – list all if multiple systems are utilized)
    - A description of the data being documented in your Individualized Education Program (IEP) systems.
    - The format of this data (e.g., structured forms, free text fields, or exportable file formats).
    - Any data specifications or guidelines currently in use for IEP documentation (user guides, manuals, etc.)
3. **Other Systems or Processes**
    - Details about any other systems or processes used for collecting and managing health-related data (e.g. *bhworks*, other)
    - The format of this data and any standards or guidelines being followed.
    - Any additional information you'd like to share regarding programmatic or system-related barriers to your participation in the School Health System Medicaid billing program.

If your LEA uses a systems vendor, we request that they provide a sample de-identified data file (meaning no student data included, empty templates only)from your legacy school systems, IEP systems, or any other relevant systems to help us better understand system outputs.

Your input is invaluable in ensuring that the resulting data standard reflects the diverse practices and needs of all Nevada LEAs. Please feel free to reach out with any questions or to arrange secure data sharing.

Thank you for your time and support in improving health service data practices for Nevada schools.

CMS School Health Services (SHS) Expansion Grant

Q2 Submission Update and Discussion

Q2 Grant Reporting Requirements

The required CMS SHS expansion grant reporting for Q2, due in January 2025, includes a narrative progress report and an annual data report.*

Specific components, which will be discussed during today's meeting, include:

CMS Q2 Progress Report and Annual Narrative and Data Report Components	
Needs and Infrastructure Assessments	Rural, Tribal, and Remote Area Analysis
Stakeholder Input	Data Analysis Plans and Reporting
Sustainability Plans	CMS Technical Assistance Center (TAC) Participation

*The complete CMS report requirement schedule is included in the Appendix for reference.

Q2 Grant Reporting Requirements

Stakeholder Input

- How can the Steering Committee gauge the success of initiatives under this grant?
- What is the preferred mode of collecting stakeholder feedback?
  - Options could include an online survey similar to the one issued to school districts, an evaluation system, or another option.
- Apart from targeted listening sessions and tribal consultation, are there engagement methods NV DHCFP should consider to ensure input from rural, tribal, and remote areas and/or other specific populations?

Sustainability Planning

- What long-term (i.e., five years post-agreement) service goals should NV DHCFP consider?

Q2 Grant Reporting Requirements

TAC Participation

- What are best practices NV DHCFP should consider in disseminating information and lessons learned from the TAC to schools, LEAs, and other stakeholders?
- Have any Steering Committee members attended a TAC event on behalf of NV DHCFP? *Note: CMS requires we indicate the total number of attendees representing NV DHCFP at each event.*

Rural, Tribal, and Remote Areas

- What specific initiatives should NV DHCFP consider to address the unique challenges of delivering SBS in rural, tribal, and/or remote areas?
- Are there any new or emerging developments or trends that could impact the delivery of SBS in these areas?

Q2 Grant Reporting Requirements

Data Reporting

- CMS requires detailed information on NV DHCFP's process for maintaining **statewide service data**, including claims, in addition to **specific data elements at the LEA level** (e.g., number of students with an IEP, number of Medicaid-enrolled students with 504 Plans, number of Medicaid SBS billed to the state).
- To date, NV DHCFP has:
  - Engaged the DHCFP and NDE Office of Analytics to assist with data reporting
  - Reached out to the Nevada Department of Education's Office of Inclusion for data on 504 Plans and IEPs
  - Begun thinking through system and/or process changes needed to collect the required data from disparate locations and merge it with Medicaid claims data

Questions?

Contact Information

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School Health Services Email
SchoolHealthServices@dhcfp.nv.gov

www.dhcfp.nv.gov

Acronyms

SHA – School Health Access
DHCFP – Division of Health Care Financing & Policy
SHS – School Health Services
CMS – Centers for Medicare and Medicaid Services
LEA – Local Education Agency
EHR – Electronic Health Record
SPA – State Plan Amendment
TAC – Technical Assistance Center
IEP – Individualized Education Plan
504 Plan – plan to remove barriers to learning and ensure equal access
CHIP – Children's Health Insurance Program
PT – Physical Therapy
OT – Occupational Therapy
EPSDT – Early and Periodic Screening, Diagnostic, and Treatment
FAQs – Frequently Asked Questions
SBS – School Based Services
RFP – Request for Proposal
TA – Technical Assistance
HSPF – Healthy Students Promising Futures
SPCSA – State Public Charter School Authority
SIS – Student Information System

Appendix

CMS Grant Reporting Schedules

Quarterly Report Schedule

Quarter	Reporting Period End Date	Quarterly Progress Report Due Date
Q1	September 30	October 31
Q2	December 31	January 31
Q3	March 31	April 30
Q4	June 30	July 31

Annual Narrative and Data Reporting Schedule

Reporting Year	Reporting Period End Date	Annual Narrative and Data Report Due Date
Year 1	December 31, 2024	January 30, 2025
Year 2	December 31, 2025	January 30, 2026
Year 3	December 31, 2026	January 30, 2027

CMS Grant Reporting Schedules

Annual Federal Financial Report (FFR) Schedule

Budget Period	Reporting Period End Date	FFR Due Date
Budget Period 1	June 30, 2025	September 28, 2025
Budget Period 2	June 30, 2026	September 28, 2026
Budget Period 3 (Final)	June 30, 2027	October 28, 2027

Final Report Schedule

Reporting Year	Reporting Period End Date	Annual Progress Report Due Date
Year 3, Final Report	June 30, 2027	October 28, 2027