

Joe Lombardo  
*Governor*



Richard Whitley  
*Director*

# School Health Access (SHA) Steering Committee

Division of Health Care Financing and Policy (DHCFP)

Dr. Malinda Southard, Deputy Administrator  
Monica Schiffer, Chief, Community and Provider Engagement  
Erica McAllister, School Health Services Liaison

February 26, 2025



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Department of Health and Human Services

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



# Agenda

1. SHA Resource Center Update
2. School Billing System/EHR Procurement Update
3. CMS School Health Services Grant Update
4. SPA and SHS Program Guide Update
5. Closing

Next Scheduled SHA Steering Meeting – March 26, 2025



# SHA Resource Center



# School Health Access Resource Center



## Nevada Medicaid School Health Services Guide

This guide is a resource for Local Education Agencies (LEAs) in Nevada regarding the Medicaid School Health Services (SHS) program. The guide provides step-by-step instructions for enrolling as a Medicaid provider, billing for covered health services, and ensuring compliance with state and federal requirements. It supports schools in delivering medically necessary services to Medicaid-eligible students, including guidance on documentation, eligibility verification, and service limitations.

PDF GUIDE COMING SOON

This guide is reviewed and verified biannually by DHCFP staff. Please note that information may evolve or change between review cycles. If you identify any broken links or inaccuracies, kindly report them to:

[schoolhealthservices@dhcfc.nv.gov](mailto:schoolhealthservices@dhcfc.nv.gov)



## EPSDT / Healthy Kids Program

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medicaid program that helps kids and teens under age 21 get the health care they need. The program provides regular checkups to find and address health issues early. EPSDT covers things like doctor visits, mental health care, dental checkups, vision and hearing tests.



## 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.



## Contact Us for Training & Outreach

For Training, outreach and questions, email: [SchoolHealthServices@DHCFP.nv.gov](mailto:SchoolHealthServices@DHCFP.nv.gov).

COMING SOON: Monthly Office Hours with Nevada Medicaid SHS Team



## Policies Referenced in the SHS Guide

Find links to policy chapters mentioned in the SHS Guide here.

- [MSM 100 \(Medicaid Program\)](#)
- [MSM 400 \(Mental Health Services\)](#)
- [MSM 600 \(Physician Services\)](#)
- [MSM 1000 \(Dental\)](#)
- [MSM 1300 \(Durable Medical Equipment Disposable Supplies and Supplements\)](#)
- [MSM 1700 \(Therapy\)](#)
- [MSM 2000 \(Audiology Services\)](#)
- [MSM 2500 \(Case Management\)](#)
- [MSM 2800 \(School Health Services\)](#)
- [MSM 3400 \(Telehealth Services\)](#)
- [MSM 3700 \(Applied Behavior Analysis\)](#)



## Children's Behavioral Health Transformation

The State of Nevada is undergoing a multi-year transformation of behavioral health care for youth. Nevada Medicaid, in collaboration with state, local and community partners, is developing new home and community-based services in addition to launching a health plan specifically for this population of youth.

[Visit the site and get involved](#)



## Additional SHS Resources

- [Applied Behavioral Analysis](#)
- [CMS Technical Assistance Center \(TAC\)](#)
- [Dental Services](#)
- [Policy Evaluation](#)
- [Public Workshop Summary - 10/21/24](#)
- [Rates](#)
- [Stakeholder Engagement Summary - 10/10/24](#)
- [Transportation Services](#)
- [UNR Project ECHO School Based Program](#)



# SHA Resource Center

School Health Access Resource Center website includes:

- Placeholder for SHS Program Guide (updates in progress)
- Link to request program and policy training or information
- SHS Fee Schedule rates (PT-60)
- SHS Medicaid Services Manual (MSM) Chapter and links to referenced chapters (Mental Health Services, Dental, Telehealth, ABA, and more)
- Information on the EPSDT / Healthy Kids program information, flyers and fact sheets for providers and members
- Periodicity schedule of recommended pediatric screenings and assessments
- Information on the Children's Behavioral Health Transformation initiative



# SHA Resource Center Future Developments

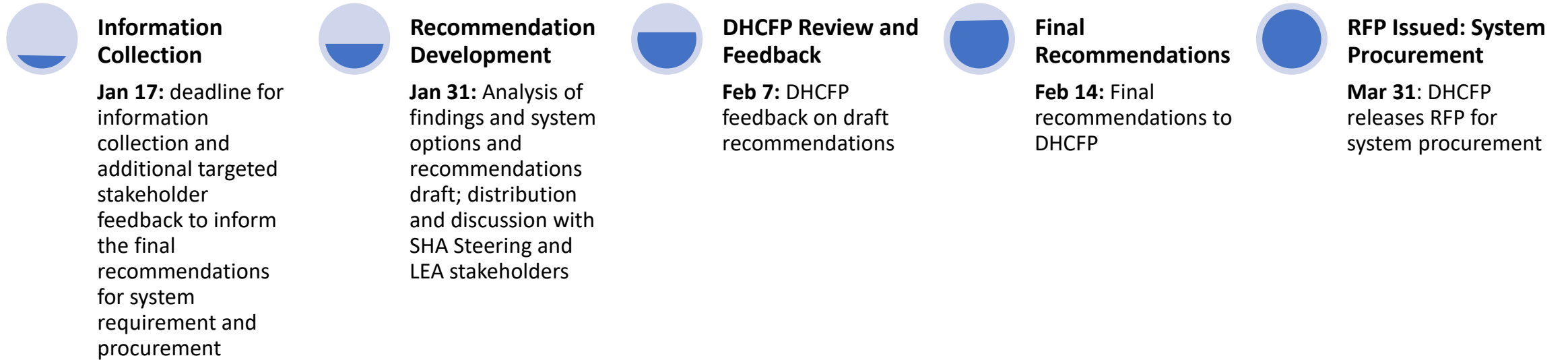
- LEA announcement of SHA Resource Center website is in production
  - To be announced once the SHS Program Guide is ready to publish
- NV Medicaid SHS Office Hours
  - Beginning in April 2025
- Multidisciplinary Informational Sessions hosted by SHS Team and NDE with various guests. Topics include:
  - POC Documentation,
  - Non-IEP Billing,
  - Understanding Claim Denials,
  - Best Practice, Etc.
- DHCFP is planning for additional enhancements to the SHA Resource Center and will continue to provide updates to the Steering Committee.



# School Billing System / EHR Procurement



# System Recommendations and RFP Timeline







# Information Collection

- DHCFP has conducted a survey and series of informational interviews to collect information about the following LEAs' current participation status, systems, and documentation processes.
  - Clark County SD
  - Douglas County SD
  - Elko County SD
  - Lincoln County SD
  - Lyon County SD
  - Mineral County SD
  - Nye County SD
  - Pershing County SD
  - Pyramid Lake SD
  - Storey County SD
  - Washoe County SD



# Findings

- Significant variance across LEAs in data management, Medicaid billing practices, and EHR usage.
- Challenges include:
  - inconsistent systems integration,
  - lack of standardized data collection and processes,
  - insufficient systems training and administrative support for LEAs and their practitioners
- Findings informed the draft Scope of Work (SOW) for the RFP, detailed in subsequent slides.



# Overview of Draft SOW

- **Goal:** Procure a statewide, cloud-based, interoperable EHR and Medicaid billing system that fully integrates with Infinite Campus (IC).
- Key requirements to address LEA priorities while supporting future growth:
  - **Automates Medicaid billing**, reducing claim errors and tracking payment status.
  - **Eliminates redundant data** entry by fully integrating with Infinite Campus.
  - **Validates claims** across multiple eligibility and compliance criteria.
  - **Provides structured compliance** tools to support accurate documentation and audit readiness.
  - **Supports bi-directional data exchange** for optional care coordination.
  - **Integrates with Nevada WebIZ** for real-time immunization record access.
  - **Ensures compliance** with Medicaid coding and billing standards.



# Medicaid Billing and Claims Management

**Why This Matters:** Medicaid claims are often denied due to missing documentation, parental consent issues, or incorrect service coding. Automating these compliance steps ensures timely and successful reimbursement.

## The selected system must:

- Automate claim submission to DHCFP, with built-in validation checks to reduce errors before submission.
- Ensure compliance with Medicaid billing and coding standards (e.g., ICD-10, SNOMED CT, LOINC, National Drug Code).
- Validate claims across multiple compliance checkpoints, including:
  - Active IEP/health services plan within allowable dates.
  - Parental consent tracking (including annual re-consent).
  - Verification of provider credentials and service scope.
- Enable batch processing & bulk claim submission to maximize efficiency.
- Ensure all Medicaid-covered services are documented in an audit-ready format.



# Integration with Infinite Campus (IC) to Eliminate Redundant Data Entry

**Why This Matters:** Reducing manual entry lowers administrative burden, minimizes human errors, and ensures data consistency across Medicaid submissions.

## **The selected system must:**

- Automatically pull student demographics, Medicaid eligibility, and service records from IC.
- Sync attendance and service logs to verify Medicaid eligibility prior to claims submission.
- Ensure real-time updates between IC and the EHR to prevent discrepancies in student records.



# Medicaid Compliance Support and Encounter Chart Templates

**Why This Matters:** LEAs need structured, standardized documentation tools to reduce administrative burden, improve billing accuracy, and support Medicaid compliance.

Related to Medicaid Documentation & Compliance Tools, **the selected system must:**

- Provide pre-configured templates for Medicaid-covered services to standardize documentation.
- Automate parental consent tracking and alert staff when re-consent is required.
- Support documentation and compliance tracking for 504 plans, health service plans, and other non-IEP services.
- Include audit-ready documentation features to ensure compliance with Medicaid and FERPA regulations.

Related to Encounter Chart Templates for Efficiency & Knowledge Sharing, **the selected system must:**

- Allow LEAs to create, customize, and share structured encounter chart templates.
- Enable real-time collaboration on service notes across providers and teams.
- Pre-populate key data fields to reduce repetitive entry and improve workflow efficiency.



# Nevada WebIZ Integration for Immunization Records

**Why This Matters:** Direct access to Nevada WebIZ eliminates the need for manual immunization record requests, improving efficiency and compliance.

## **The selected system must:**

- Enable direct integration with Nevada WebIZ, the state's immunization registry.
- Allow school health providers to query and retrieve student immunization records in real-time.
- Ensure immunization records are automatically updated in the EHR to prevent duplicate documentation.



# Training and Technical Assistance (TA) Support for LEAs and Relevant Stakeholders

**Why This Matters:** LEAs have emphasized that comprehensive training and ongoing support are critical for adoption and effective use of the system. This ensures staff confidence, accurate Medicaid billing, and reduced administrative burden.

Related to initial training and implementation support, **the selected system must:**

- Develop and deliver a structured training program to support the initial system implementation for all participating LEAs.
- Provide customized training modules based on user roles (e.g., school nurses, therapists, administrative staff, billing personnel).
- Offer live, interactive training sessions (in-person) to ensure end-users fully understand system capabilities.
- Provide on-demand training resources, including video tutorials, user guides, and FAQs.





# Training and TA Support for LEAs and Relevant Stakeholders (cont.)

Related to ongoing TA and user support, **the selected system must:**

- Establish a dedicated help desk with real-time user support available via phone, email, and chat.
- Implement a ticketing system for tracking technical issues and resolution timelines.
- Offer quarterly refresher training sessions to accommodate system updates and new staff onboarding.
- Ensure availability of technical specialists to assist with Medicaid billing, claim validation, and compliance workflows.

Related to system updates and advanced user training, **the selected system must:**

- Provide regular training updates as new features, compliance requirements, or billing policies are introduced.
- Conduct advanced training for LEAs that require more in-depth guidance on reporting, analytics, and data integration.
- Include train-the-trainer programs to enable designated school personnel to serve as internal experts on the system.



# Recommended Enhancements: Bi-Directional Data Exchange for Community-Based Provider Coordination

**Why This Matters:** LEAs should have the option to exchange data with external providers, expanding their ability to coordinate care and build sustainable school health programs.

While not a Medicaid billing requirement for LEAs, bi-directional data exchange is recommended as an optional capability for schools interested in care coordination with external providers. **The selected system should:**

- Enable real-time sharing of student health data with external providers (e.g., primary care, BH, FQHCs).
- Support industry-standard interoperability frameworks, including:
  - HL7 FHIR for scalable data exchange.
  - CCDA for standardized patient record-sharing.
  - Direct Secure Messaging for encrypted provider-to-provider communication.



# Recommended Enhancements: Medicaid Managed Care Integration (Where Applicable)

**Why This Matters:** While not required for Medicaid SHS billing, MCO capabilities would allow for direct contracting and alternative reimbursement models for schools that pursue these partnerships.

MCO integration is not a requirement for LEAs. However, some schools partner with FQHCs or school-based health centers (SBHCs) that contract with MCOs. **For those LEAs, the system should:**

- Enable encounter data reporting for schools contracting with MCOs.
- Support electronic prior authorization requests for services requiring approval.
- Allow tracking and coordination of Medicaid-referred services.



# Feedback and Next Steps

- DHCFP shared the draft SOW with LEAs on February 14, 2025.
  - Feedback (one submission per LEA) is requested by February 28, 2025.
- DHCFP will review feedback and update the draft SOW as appropriate.
- The anticipated release of the final RFP, including the SOW, is March 31, 2025.



# CMS School Health Services (SHS) Expansion Grant



# Q2 Grant Reporting Submission

DHCFP submitted required CMS Grant reporting on January 30, including the elements summarized below:\*

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
Expansion of Medicaid Services Beyond IEP/IFSP Plan	
Quarterly Progress Report	

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



# Upcoming Reporting Schedule

- The next quarterly report (Q3) is due on April 30, 2025.
- The next annual report, which includes data reporting, is due on January 30, 2026.
  - Prior to this submission, DHCFP intends to:
    - Continue discussions with OOA regarding data collection.
    - Continue discussions with NDE regarding data sharing for Medicaid and CHIP-enrolled students with IEP and 504 service plans.
    - Further develop strategies to collect, match, and report on outstanding elements (see next slide).



# Data Reporting Update

Required Data Reporting Element	Status
Total Number of Students	NDE
Total Number of Students with IEPs	Collection in progress (NDE)*
Number of Medicaid Enrolled Students, Total	Collection in progress (DHCFP OOA)
Number of CHIP-Enrolled Students, Total	Collection in progress (DHCFP OOA)
Number of Medicaid Services Received by Medicaid Enrollees, Nursing, Behavioral Health, Other Service Categories, and Specialized Transportation	Collection in progress (DHCFP OOA)
Number of CHIP Services Received by CHIP Enrollees, Nursing, Behavioral Health, Other Service Categories, and Specialized Transportation	Collection in progress (DHCFP OOA)
Number of Medicaid Enrolled Students, Medicaid-Enrolled Students with IEPs	Development needed -- data matching and reporting processes in development (DHCFP and NDE)
Number of Medicaid Enrolled Students, Medicaid-Enrolled Students with 504 Plans	Development needed
Number of Medicaid Enrolled Students, Other Medicaid-Enrolled Students	Development needed
Number of CHIP-Enrolled Students, CHIP-Enrolled Students with IEPs	Development needed
Number of CHIP-Enrolled Students, CHIP-Enrolled Students with 504 Plans	Development needed
Number of CHIP-Enrolled Students, Other CHIP-Enrolled Students	Development needed

**For Discussion:** Are there any strategies or best practices DHCFP should consider to refine and expand its SHS data reporting capabilities?

\*Currently, NDE captures IEP and 504 data as one number





# SPA and SHS Program Guide Update



# Proposed State Plan Amendment (SPA) and Timeline

- SPA to Attachment 3.1-A, page 2 will allow **School Counselors, School Social Workers, and School Psychologists** holding a Department of Education endorsement to provide covered school health services that fall within their licensure and scope of practice.
- Anticipated effective date of **January 1, 2025**
- Process & Timeline for approval
  - State preparation and submission - includes SPA language, fiscal impact analysis, etc.
    - SPA submitted to CMS on February 3, 2025.
  - CMS review period - 90 days to approve the SPA or issue a Request for Additional Information (RAI) to DHCFP.
    - CMS requested clarification on the licensing for the above-named providers; DHCFP to update SPA page
  - State response - If RAI is issued, NV has 90 days to respond.
  - Final CMS decision - CMS has another 90 days to approve, RAI, or disapprove SPA.



# SHS Program Guide Updates

- DHCFP rescheduled the February Public Workshop to March 12 to review MSM 2800 policy updates.
- Key updates include:
  - Modifying the chapter format to reflect its regulatory nature
  - Updating authorities
  - Updating language based on new guidance for TPL, provider enrollment, services, etc.
- The corresponding SHS Program Guide is going through final edits and remediation. DHCFP anticipates the guide to be published once updates to the MSM chapter are finalized.
- Once finalized, DHCFP will publish both resources to the SHA Resource Center [website](#) and include this information in the announcement to LEAs.



# Questions?



# Contact Information

Monica Schiffer  
Chief, Community & Provider  
Engagement Unit  
[mschiffer@dncfp.nv.gov](mailto:mschiffer@dncfp.nv.gov)  
(775) 400-6938

Erica McAllister  
School Health Services Liaison  
[e.mcallister@dncfp.nv.gov](mailto:e.mcallister@dncfp.nv.gov)  
(775)684-7577

School Health Services Email  
[SchoolHealthServices@dncfp.nv.gov](mailto:SchoolHealthServices@dncfp.nv.gov)

[www.dncfp.nv.gov](http://www.dncfp.nv.gov)



# Acronyms

SHA – School Health Access  
DHCFP – Division of Health Care Financing & Policy  
CMS – Centers for Medicare and Medicaid Services  
SPA – State Plan Amendment  
SHS – School Health Services  
PT-60 - Provider Type 60  
MSM - Medicaid Service Manual  
ABA - Applied Behavior Analysis  
EPSDT – Early and Periodic Screening, Diagnostic,  
and Treatment  
LEA – Local Education Agency  
504 Plan – plan to remove barriers to learning and  
ensure equal access  
IEP – Individualized Education Plan  
OPR - Ordering, Prescribing, or Referring  
EHR – Electronic Health Record  
RFP – Request for Proposal  
SD - School District  
SOW - Scope of Work  
IC - Infinite Campus  
WebIZ - Nevada WebIZ (immunization information system)  
ICD-10 - International Classification of Diseases, 10th Revision

SNOMED - Systematized Nomenclature of Medicine  
CT - Clinical Terms  
LOINC - Logical Observation Identifiers, Names and Codes  
FERPA - Family Educational Rights and Privacy Act  
TA - Technical Assistance  
FAQs – Frequently Asked Questions  
BH - Behavioral Health  
FQHC - Federally Qualified Health Center  
HL-7 - Health Level Seven  
FHIR - Fast Healthcare Interoperability Resources  
CCDA - Consolidated Clinical Document Architecture  
MCO - Managed Care Organization  
SBHC - School Based Health Center  
TAC – Technical Assistance Center  
IFSP - Individualized Family Service Plan  
OOA - Office of Analytics  
NDE - Nevada Department of Education  
CHIP – Children’s Health Insurance Program  
RAI - Request for Additional Information



# Appendix



# CMS Grant Reporting Schedules

## Quarterly Report Schedule

<b>Quarter</b>	<b>Reporting Period End Date</b>	<b>Quarterly Progress Report Due Date</b>
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

<b>Reporting Year</b>	<b>Reporting Period End Date</b>	<b>Annual Narrative and Data Report Due Date</b>
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

<b>Budget Period</b>	<b>Reporting Period End Date</b>	<b>FFR Due Date</b>
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

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