CMS School-Based Services Grant Annual Report

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy (DHCFP)
Stacie Weeks, Administrator
January 30, 2025

Centers for Medicare and Medicaid Services (CMS)
Office of Acquisitions and Grants Management

Re: State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services – Annual Report

Dear CMS Grant Administrators:

I am pleased to submit the first Annual Report on behalf of the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP).

The following report details the activities completed by the DHCFP for the grant period July 1, 2024 – December 31, 2024, in compliance with the federal grant awarded to the DHCFP on July 1, 2024 to expand our School Health Services (SHS) program. A summary of contents include:

- **Stakeholder Input:** Activities related to stakeholder engagement with SHS program stakeholders.
    - **School Health Access Resource Center and Steering Committee:** Activities related to the development of a School Health Access (SHA) Resource Center and Steering Committee to inform tailored technical assistance, documentation, and provide input to SHS program enhancements.
- **Needs and Infrastructure Assessment:** Activities related to finalizing the Needs and Infrastructure Assessment. The full Needs and Infrastructure Assessment is included as a separate document as part of this submission package.
    - **Statewide EHR and School Billing Vendor:** Activities related to the procurement and pilot of a statewide Electronic Health Record (EHR) and school billing vendor option.
- **Sustainability:** Activities related to the development of a draft State Plan Amendment (SPA) and other policy updates as well as funding plans and long-term goals to ensure the continuation and sustainability of initiatives undertaken as part of this grant.

- **Technical Assistance Center Participation:** Activities related to the dissemination of information gathered through the DHCFP's participation in CMS TAC activities.
- **Rural, Tribal, and Remote Areas:** Activities related to the engagement and considerations of Local Education Agencies (LEAs) and populations in these areas.
- **Data:** Activities related to the collection and analysis of SHS data and planned process improvements for future data reporting and monitoring.
- **Plans for Expanding Medicaid Services Beyond IEP/IFSP**: Plans and activities related to expansion efforts of SHS billing for non-IEP and non-IFSP services.

In addition to this document, the submission package also includes the SBS Grant Data Submission and TAC Participation Form Excel file, the Needs and Infrastructure Assessment, appendices to the Annual Report, and the Q2 Quarterly Progress Report, all of which have been uploaded separately via GrantSolutions.

We are committed to expanding the SHS program and ensuring that all students in Nevada have access to health services where and when they need them. We appreciate the continued support and collaboration with CMS in these efforts.

Sincerely,

Stacie Weeks, JD, MPH
Administrator
Division of Health Care Financing and Policy (DHCFP)
Email: sweeks@dhcfp.nv.gov
Phone: 775-684-3735

CC:

Dr. Malinda Southard
Deputy Administrator, DHCFP
Email: msouthard@dhcfp.nv.gov
Phone: 775-301-8982

Attachments: "Annual Report – 070124-123124_Nevada_Reporting Period 1," "Annual Report – 070124-123124_Nevada_Appendices" (both PDFs)

Project Overview and Background

With the assistance of the Centers for Medicare and Medicaid Services (CMS) and the 'Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services' grant award, the Division of Health Care Financing and Policy (the DHCFP) has undertaken a multi-faceted expansion of the School Health Services (SHS) program and supports.

This report is submitted to CMS to provide a summary of project activities that occurred between July 1, 2024 and December 31, 2024 in compliance with the annual reporting submission due January 30, 2025.

In 2019, the DHCFP expanded coverage of services beyond those required for children with disabilities under the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). These services, referred to as SHS in Nevada, cover a comprehensive set of benefits — from basic health screenings and nursing services to applied behavioral analysis and treatment of mental health and substance use conditions. Despite this expansion, only half of the school districts regularly bill Nevada Medicaid for these services, with most billing primarily for services provided to children under an IEP/IFSP.

Initial program evaluation and assessments, including stakeholder engagement with Local Education Agencies (LEAs), identified key barriers to increased participation stemming from limited infrastructure, complex Medicaid billing and enrollment policies, and costly electronic health record (EHR) and billing systems. Findings also included the need to support Tribal schools in accessing Medicaid reimbursement not just through investment alone, but also by building trust and understanding of the unique governance structures of Nevada's 28 federally recognized tribes, bands and councils.

The DHCFP is leveraging the CMS State Grant for the Expansion of Medicaid and CHIP School-Based Services (herein 'CMS SBS Grant') award to support targeted efforts to address the operational, technical, and programmatic barriers experienced by LEAs. Ultimately, the goal is to increase the number of schools billing Medicaid beyond IEP/IFSP services to support expanded SHS statewide. These efforts include:

- Ongoing engagement with SHS program stakeholders, including LEAs, public charter schools, Tribal school and health clinic leaders, parents, the Nevada Department of Education (NDE), University of Nevada Reno (UNR) Multi-Tiered System of Support (MTSS) representatives, and others.
- Production of a final Needs and Infrastructure Assessment to confirm preliminary findings and inform future initiatives.
- Development of a School Health Access (SHA) Resource Center and Steering Committee to inform tailored technical assistance and documentation as well as provide input to SHS program enhancements.
- Procurement and pilot of an optional statewide Electronic Health Record (EHR) and school billing system.
- Updates to the SHS policy chapter of the Nevada Medicaid Services Manual (MSM).
- Creation of data reporting, analysis, and monitoring processes.
- Leveraging resources for the DHCFP through the CMS SBS Grant funding and technical assistance.

The following report provides a detailed summary of activities that occurred between July 1, 2024 and December 31, 2024 in compliance with the CMS SBS Grant award Annual Report submission requirement.

Stakeholder Input

For over a year, the DHCFP has worked hard to elevate SHS through multi-pronged stakeholder engagements, which provide insight into the impact and challenges posed by the SHS program. These include surveys and convenings of systems partners, LEAs, providers, families, and the public. Expanded stakeholder engagement efforts will be a key component to the development and success of expanding the SHS program over the next several years and beyond.

In February 2024, the DHCFP convened a temporary Steering Committee composed of representatives from a range of state departments and stakeholders— including LEAs, providers, and parents – to discuss the CMS SBS Grant application and initiatives. It also conducted its inaugural electronic survey of school districts across the state to inform its understanding of the existing state- and county-level

landscape as it relates to SHS. Following the school survey, a statewide in-person listening tour ran through May of 2024, wherein the DHCFP met with numerous school districts to build a deeper and more nuanced understanding of the landscape. Initial findings of the school survey and listening tour confirmed the preliminary assessment findings and planned SHS expansion initiatives.

Preliminary stakeholder engagement continued into Q1 of FFY 2024-25. These activities included a series of LEA stakeholder meetings to gather input and share updates on an updated SHS program manual. Specifically, the DHCFP met with the State Public Charter School Authority (SPCSA) to address barriers and facilitate participation by charter schools in the SHS program. The SPCSA is the third largest LEA in Nevada, serving over 60,000 students across 81 public charter school campuses in locations that include northern and rural geographies. The DHCFP met with SPCSA in July 2024 to discuss its Medicaid provider enrollment application and administrative billing questions. SPCSA has since submitted its first application to participate in the Nevada Medicaid SHS program as an LEA for public charter member schools throughout the state.

As required by the NOA and detailed above, the DHCFP initiated stakeholder engagement within six months of the award date and has developed plans to continue this work throughout the cooperative agreement award. Described in further detail below, the DHCFP and its external consultants have conducted multifaceted stakeholder engagement between July 1 and December 31, 2024, including:

- Annual DHCFP School Survey (February-March 2024) - 21 responses received from 13 out of 17 total Nevada school districts
- DHCFP Statewide School Listening Tour (March-May 2024) - 14 districts
- Public Workshops on MSM SHS Chapter Updates and Proposed State Plan Amendment (September-October 2024) – all 18 LEAs invited to participate
- Focus Groups with LEAs on EHRs (November 2024) - 2 focus groups, 90 minutes each; participants from 10 LEAs attended
- Focus Groups with School Health Access Steering Committee (November 2024) - State agency representatives, LEAs, and parents
- Stakeholder Feedback Session (December 2024) - 12 participants from 6 LEAs
- EHR Email Survey – All LEAs (December 2024) - 6 responses and counting

- Individual LEA EHR Interviews – Select LEAs (January 2025) - 18 participants from 6 LEAs.

In September and October, the DHCFP held two public workshops with LEAs and other key stakeholders to gather input and share updates on both the State Plan Amendment for SHS expansion and revisions to the Medicaid Services Manual (MSM): SHS Chapter. Refinements to the SHS Chapter of the MSM were made in accordance with stakeholder feedback and requests for additional program guidance and clarity. The DHCFP staff also participated in the National Alliance for Medicaid in Education Annual Conference in October, alongside representatives from the Clark County School District LEA and the Washoe County School District LEA, gathering information and learning from other state Medicaid and Education agencies, and representatives from CMS.

In November, two focus group series were held to gather input to inform the DHCFP SHS program expansion and enhancement initiatives. The two 90-minute focus groups allowed the DHCFP to gather input from SHS-participating LEAs on their current SHS documentation and billing systems, workflows, and barriers. Findings from the focus groups greatly informed the final Needs and Infrastructure Assessment, included as part of the Annual Report deliverable and uploaded to GrantSolutions as a separate document. A third focus group, with members of the School Health Access Steering Committee, including representatives from the state Medicaid and Education agencies, UNR MTSS, and LEAs, offered additional input on the broader challenges facing Nevada's families and students, including those most prevalent for rural and Tribal communities. Additional information on the SHA Steering Committee and focus group is in the School Health Access Resource Center and Steering Committee report section; meeting materials are also available in Appendixes B, C, D, and E.

In December, the DHCFP held a stakeholder call for all Nevada LEAs to discuss the preliminary findings of the Needs and Infrastructure Assessment. There was an additional meeting with SPCSA to continue discussing its Medicaid provider enrollment application and progress towards participating in the SHS program. The DHCFP concluded 2024 by distributing a survey to LEAs requesting information on SHS documentation and billing systems and planning select interviews with individual districts, which will conclude in January 2025. Information collected from these forums will inform the final system requirements and recommendations for a Request for Proposal (RFP) for system procurement anticipated to be posted in March 2025.

The DHCFP's plans for ongoing stakeholder engagement include developing a survey/evaluation system and offering varied engagement opportunities. The second annual DHCFP School Survey will be administered to school districts in Q2 of CY25, requesting feedback on the status of SHS programs. The survey will allow for the collection of measurable data points from LEAs to quantify utilization and gauge the overall success of the CMS SBS Grant initiatives. The DHCFP is establishing or has established numerous recurring meeting series with a broad array of stakeholders, including monthly SHS office hours, biweekly SHS Stakeholder Workgroup meetings, monthly meetings with LEAs to discuss claims and billing, biweekly meetings with the SEA and UNR MTSS, quarterly Children's Health Inter-Agency Action Planning meetings led by the SEA, and the School Health Access (SHA) Steering Committee meetings. These recurring and ad hoc engagement opportunities will enable the DHCFP to continually gather diverse perspectives to guide the development and implementation of SHS initiatives.

School Health Access Resource Center and Steering Committee

The School Health Access (SHA) Resource Center and Steering Committee are central components to the DHCFP's strategy for enhancing and increasing utilization of the SHS program. The preliminary needs assessment and program evaluation found barriers to participation that included administrative complexity related to current billing procedures and manuals, lack of LEA understanding of procedures, and cultural, linguistic, and perception challenges. As such, the DHCFP planned for a Resource Center webpage and formal Steering Committee to provide ongoing input and feedback on program policy and technical assistance needs. In Q1 of FFY 2024-25, the DHCFP began work to develop a workplan for the launch and implementation of the SHA Resource Center, including internal discussions and planning with the DHCFP Information Technology (IT) team to identify technical requirements, capabilities, and timelines to launch the Resource Center webpage. Additionally, during Q1, the DHCFP confirmed the final membership composition of the Steering Committee, had initial strategic discussions about the structure and schedule of future Steering Committee meetings, and drafted a Steering Committee charter. Per the charter, included in Appendix A, the Steering Committee serves both as an avenue for the DHCFP to report on SHS program expansion activities and as an advisory body to help guide the implementation of the SHA Resource Center and other SHS program expansion activities. Steering Committee members were invited to participate based on their expertise and familiarity with SHS delivery, their previous participation in the temporary Steering Committee

convened in February 2024, and their range in diversity of perspective. Members include representatives from across the SHS delivery system; the inaugural member list is below.

Inaugural SHA Steering Committee Members	
Name	**Organization**
Jessica Adams	Aging and Disability Services Division (ADSD)
Rique Robb	Aging and Disability Services Division (ADSD)
Samantha Jayme	Autism treatment assistance program (ATAP) statewide
Nancy Brooks	Clark County School District (CCSD)
Jenna Grant	Division of Child and Family Services (DCFS)
Fran Maldonado	Division of Public and Behavioral Health (DPBH)
Vickie Ives	Division of Public and Behavioral Health (DPBH)
Bre Taylor	Humboldt County School District
Christy McGill	Nevada Department of Education (NDE)
Dana Walburn	Nevada Department of Education (NDE)
Fredina (Dina) Drye-Romero	Nevada Department of Education (NDE)
Kimberly Palma-Ortega	Nevada Governors Council on Developmental Disabilities (NGCDD) Public Health Liaison, and Parent
Jennifer Bauer	State Public Charter School Authority (SPCSA)
Dr. Ashley Greenwald	University of Nevada, Reno; Multi-Tiered System of Support (UNR MTSS)
Kaci Fleetwood	University of Nevada, Reno; Multi-Tiered System of Support (UNR MTSS)

The School Health Access (SHA) Steering Committee relaunched during Q2, with meetings on November 25 and December 18, 2024. During the November meeting, the Steering Committee reviewed and approved the charter. The meeting also included an overview of CMS SBS Grant workstreams and required data reporting. The Steering Committee discussed challenges associated with accessing data on 504 Plan and IEP services and suggested the DHCFP collaborate with Nevada Department of Education (NDE) and LEAs to compile and aggregate available data. The DHCFP then presented its high-level vision for the SHA Resource Center and gathered recommendations from the Steering Committee, such as linking to external sites and documents so that the SHA Resource Center can serve as a centralized hub. Additionally at the November meeting, the DHCFP shared a summary of key findings from the Needs and Infrastructure Assessment. Related to challenges specific to rural, Tribal, and remote areas, the Steering Committee highlighted the current lack of diversity in the mental

health workforce, the need to build trust in rural and Tribal communities, and the potential for telehealth to mitigate existing gaps. Finally, related to the school billing system and EHR procurement, members shared insights related to platform fatigue, data integration challenges, and cost burdens on LEAs.

At the December meeting, the Steering Committee continued discussing the topics listed above, including additional findings from the Needs and Infrastructure Assessment and updates related to required CMS SBS Grant reporting. Related to the EHR procurement, the Steering Committee reviewed a draft information request for LEAs, stressed the need to ensure compatibility between the prospective EHR/billing system and existing systems, and flagged time needed for LEAs to gain necessary approvals for system participation from their respective school boards.

In alignment with previously reported timelines, the DHCFP previewed the initial iteration of the SHA Resource Center by walking the Steering Committee through the webpage and presenting planned enhancements. The current iteration of the webpage includes information related to the Nevada Medicaid SHS Guide, an overview of the EPSDT/Healthy Kids Program, periodicity schedules, contacts for training and outreach questions, relevant policies, the Nevada Children's Behavioral Health Transformation initiative, and a compilation of other SHS resources. Planned enhancements are based upon a landscape evaluation of best practices among other states' SHS webpages, which the DHCFP's external consultants conducted in December 2024 (see Appendix D). Recommendations relate to improving ease of navigation, the types and formats of resources, and clarification of the intended audience. The Steering Committee suggested multidisciplinary office hours to address LEAs' technical and practical questions, inclusion of a section for parent resources, and facilitation of peer support among LEAs. The SHA Resource Center will have a broader public launch in Q3 of FFY 2024-25, at which time it will become widely available to LEAs, parents, and other stakeholders. The DHCFP will send external communications via listservs and make announcements during various standing meetings to ensure widespread awareness of the availability of this valuable resource. Additionally, a workflow and publication schedule for the Resource Center are in development to align with the Steering Committee and other stakeholder engagement initiatives. These supporting documents will provide the structure and transparency needed to ensure the SHA Resource Center can develop into the comprehensive, evolving repository the DHCFP envisions. The goal is for the Resource Center to be continually updated

and expanded so that it can serve as a “one-stop shop” primarily for LEAs, but also for parents and others who are navigating and contributing to the SHS delivery system in Nevada.

The slide decks and meeting minutes from the November and December Steering Committee meetings are included for reference in Appendix B and D.

Needs and Infrastructure Assessment

As part of the CMS SBS Grant application, the DHCFP conducted a preliminary Needs and Infrastructure Assessment and evaluation of its existing SHS program with the assistance of an external consulting firm. These efforts strongly informed the specific initiatives currently underway as part of the SHS expansion, including the development of a SHA Resource Center and procurement of a statewide school EHR and billing vendor, and provided the foundation on which the final Needs and Infrastructure Assessment expounds.

During Q1 of FFY 2024-25, the DHCFP released solicitation to procure another external consultant to complement the initial assessment work and support the development and implementation of activities related to the CMS SBS Grant. In collaboration with the external consultant, the DHCFP completed a work plan which was built upon the preliminary findings by defining relevant research questions and detailing the process and timeline for completing the final Needs and Infrastructure Assessment.

For instance, the preliminary assessment found variable participation among LEAs, creating additional questions around the characteristics of the LEAs participating in the SHS program versus those not and the best outreach strategy to encourage participation. Other findings pertained to administrative complexity for LEAs, variations in access to funding, opportunities to build communities’ trust, workforce shortages, and unmet EHR and billing system needs, all of which were explored further to inform the final assessment.

Throughout Q2 of FFY 2024-25, the DHCFP and its external consultant executed the Needs and Infrastructure Assessment work plan utilizing qualitative and quantitative data collection and analysis techniques. Data sources include the annual DHCFP school survey, claims data, focus groups, and a stakeholder feedback session. Additionally, as stated above, the Needs and Infrastructure Assessment

was a featured discussion topic at both the November and December SHA Steering Committee meetings.

The full Needs and Infrastructure Assessment was submitted separately as part of the DHCFP's overall submission package via GrantSolutions. Building upon the preliminary findings, the final Needs and Infrastructure Assessment delves into drivers of participation, or lack thereof, among LEAs. It finds that participation in the SHS program is uneven, with non-participating LEAs tending to be rural and having small total student enrollments. Signaling the underlying strength of SHS in Nevada, 90% of students eligible for free and reduced lunch—a proxy often used to estimate Medicaid-eligible students—are enrolled in school districts that are already participating in the SHS program. One identified barrier the final assessment explores is Medicaid billing complexities, which limit program participation and reimbursement. The results of the Annual DHCFP School Survey revealed that 71% of respondents indicated experiencing billing issues, which could include administrative burden, lack of clarity around billing procedures and codes, and misalignment of professional licensure. Workforce shortages, especially in rural areas, are driven by: scarcity in qualified providers, resulting in restricted Medicaid service delivery and longer wait times for student services; recruitment and retention issues, including high turnover rates and uneven access to mental health professionals; and the aforementioned Medicaid billing complexities, which increase reliance on external billing agents and risk billing errors and delays. In subsequent reporting periods, the DHCFP will leverage the findings of the Needs and Infrastructure Assessment to design and/or refine SHS expansion activities and guide the EHR and school billing vendor procurement, discussed below.

Statewide EHR and School Billing Vendor

Informed by preliminary program assessment and evaluations conducted throughout early 2024, the DHCFP identified procurement of a statewide EHR and school billing vendor as a key strategy for increasing utilization among LEAs, particularly among those with fewer resources and capacity to fund these directly.

In Q1 of FFY 2024-25, the DHCFP and its consultant engaged in a thorough analysis of prior stakeholder feedback regarding EHR cost, functionality, and administrative and financial investment required to engage a school billing vendor. This analysis included a review of EHR proposals submitted to the

DHCFP under an informal request to help inform Nevada's CMS SBS Grant proposal. The DHCFP also worked closely with its Contract Unit to establish a timeline for the development of EHR specifications and the procurement cycle, to coincide with a pilot of the system by select LEAs in FFY 2025-26.

Initial planning to gain further clarity around broader issues identified by stakeholders and DHCFP occurred in Q1, resulting in a list of research questions tailored to an EHR and billing vendor that were included in the Q2 Needs and Infrastructure Assessment focus groups. Work is underway to compile and consolidate this information into a final set of recommendations that will include:

- overall compliance requirements
- comprehensive data capture needs, opportunities, and common conveyance standards
- enhanced care coordination and reporting capabilities, and
- data exchange and interoperability.

The final Needs and Infrastructure Assessment pointed to district input, tailored design, and comprehensive staff training as precursors to the successful adoption of a common EHR. However, it also identified resource limitations, such as insufficient staff and technical expertise among some LEAs, as a limiting factor in LEAs' ability to invest in such a system.

All Nevada LEAs use Infinite Campus for their Student Information System (SIS). Beyond the SIS, however, LEAs use a mix of different systems for IEP documentation, health services documentation, and claims billing. The use of multiple systems as well as the range of resources and capacity available to manage and tailor those systems create a challenging landscape for participating LEAs.

Specifically, LEA input and feedback highlighted the following key challenges to current documentation and billing system and processes:

- System complexity and integration: Nearly all LEAs report challenges with data sharing, access, or validation between SIS, EHR, and billing platforms; in at least one instance, a LEA that utilizes the same vendor for EHR and billing services also experience challenges with data transfer between the documentation and billing products.
- Resource limitations: Many districts lack the staff and technical expertise for system customization; nearly all report that the complexity of navigating multiple documentation and

billing systems is overwhelming, even among those that believe their LEA will always utilize multiple systems.

- District involvement and customization: Some LEAs utilize systems that have undergone moderate to significant customization to meet district need or preference; some customizations have taken years to develop and implement.
- Statewide system considerations: There are mixed opinions across, and even within some individual LEAs on adopting a common statewide billing and EHR system; some LEAs are utilizing multi-year grant-funded systems or have recently undergone systems procurement at the district level.

Given the challenges uncovered in the feedback collected for the Needs and Infrastructure Assessment, DHCFP opted to allow time for additional consultation with LEAs to inform more comprehensive system options and recommendations. As a result, and in alignment with the update provided to CMS TAC on December 9, 2024, the DHCFP updated the timeline for the forthcoming system procurement to the original schedule proposed in the CMS grant application.

Throughout Q2 and moving into Q3, the DHCFP conducted additional stakeholder feedback and data collection specific to EHR and systems use, workflows, and challenges. The November and December SHA Steering Committee meetings featured discussion about the school billing system and planned EHR procurement (Appendix B and D). These discussions were supplemented with requests for detailed information on documentation processes, which were issued to all LEAs, including those not currently billing Nevada Medicaid for SHS. Requested information included: details about system vendors; descriptions of data being collected or documented; and data format/specifications for internal school systems, IEP systems, EHR or billing systems, and other relevant systems. A series of one-on-one interviews was also scheduled to allow additional context and qualitative data collection for a select group of eight LEAs.

Initial findings suggest that the significant variance across LEAs in data management, Medicaid billing practices, and EHR usage is leading to administrative burdens and inconsistent Medicaid participation. Challenges include inconsistent systems integration, lack of standardized data collection and processes, and insufficient systems training and administrative support for LEAs and their practitioners. The lack

of standardized data collection processes demonstrates the need for a statewide approach to EHR integration, Medicaid billing, and data interoperability. While LEAs express interest in enhanced system functionality, standardized Medicaid documentation, and cost-effective solutions, concerns remain regarding system rigidity, scalability, and documentation burden. Addressing these challenges will be critical to ensuring broader participation and long-term sustainability.

Throughout Q3, our teams will process all gathered input and feedback to produce recommendations for systems requirements and structure. These recommendations will be socialized with the SHA Steering Committee in February 2025 and inform the final recommendations and resulting RFP anticipated by March 31, 2025. Additional Q3 activities will include planning for system configuration and a pilot of early-adopter LEAs to begin later this year. The pilot program will initially involve a small cohort of LEAs to refine the system, focusing on robust technical assistance, training, and adaptability to ensure it meets end-user requirements. This pilot program will serve as the foundation for building a statewide, sustainable system to be presented to the 2027 Session of the Nevada Legislature, discussed further in the Sustainability and Policy Updates section below, showcasing how Medicaid-funded services can enhance student health outcomes and support schools in delivering comprehensive health services in the school setting.

Sustainability and Policy Updates

SHS have been shown to improve student academic success by addressing health-related barriers to learning, such as chronic illness, mental health challenges, and unmet preventive care needs. By providing accessible, comprehensive healthcare within schools, SHS enhance attendance, increase engagement, and create a supportive environment that fosters better educational outcomes.[i]

In recognition of the importance of sustainable and robust SHS programs, DHCFP will leverage policy, funding, and other available mechanisms to ensure the continuation of SHS initiatives throughout the term of the cooperative agreement and beyond. Ongoing and planned efforts are described below.

State Plan Amendment and Other Policy Updates

The DHCFP has continued its work to develop a State Plan Amendment (SPA) for the SHS program that will reduce barriers to participation and reimbursement, adding to efforts to increase utilization and impact of the program. Informed by LEA and Steering Committee stakeholders, the school survey, and

listening tour feedback, the SPA will authorize school-based providers, such as certified school counselors, school psychologists, and school social workers, to provide Medicaid-reimbursable services within their scope and licensure without additional requirements. The intent is to reduce barriers for schools implementing the expanded SHS program. The DHCFP is hosting a public hearing on the SPA on January 28, 2025 to gather final feedback; the anticipated date of submission to CMS is February 2025. As permitted by CMS, the DHCFP intends to make the SPA retroactively effective to the first day of the calendar year quarter in which the SPA was submitted. Contingent upon the feedback received from CMS and the timeline for approval, the DHCFP intends to make the SPA retroactively active as of January 1, 2025.

In parallel, and in collaboration with an external consultant, the DHCFP has been working to produce an updated and enhanced SHS policy chapter of the MSM. These efforts have included a comprehensive review of SHS program manuals, documentation, and workflows. Draft updates were completed in September 2024 and presented to LEA stakeholders for initial feedback on October 10, 2024 via a stakeholder call. The DHCFP gathered additional input from stakeholders via a public workshop on October 21, 2024. A public hearing on the updated MSM is scheduled for February 25, 2025. Additionally, during Q2 of FFY 2024-25, the DHCFP worked to draft a Nevada Medicaid SHS Guide, which will be finalized and posted to the SHA Resource Center website in Q3. DHCFP will continue to update policy as needed and on an ongoing basis to ensure alignment with the services being performed in school settings and to support those delivering the services.

Sustainability and Funding Plans

The DHCFP provided detailed information in support of a legislative measure to ensure the continued support of SHS in Nevada through financial appropriations as reflected in a publication by Nevada's Joint Interim Standing Committee on Health and Human Services on August 12, 2024 (Appendix G). The requested legislative measure requires Nevada's Department of Health and Human Services (DHHS) Director to take actions necessary to ensure LEAs receive reimbursement for Medicaid-covered SHS. It also seeks to establish incentives for providers to contract with LEAs to provide SHS across the state. If approved during the 2025 Nevada Legislative Session, this legislation and related appropriations will play a key role in sustainability for the DHCFP's SHS expansion efforts.

Related to sustainability in reimbursement rates, the draft legislation directs DHHS to seek federal authority to increase reimbursement rates for Medicaid-covered SHS by at least five percent when such services are provided by an employee or contractor of a school district, public charter school, or NDE. Similarly, it directs the Department to seek federal authority to simplify reimbursement methodology and increase services provided by a school-based health center by ten percent.

The measure goes on to establish the SHA Resource Center to support interested entities' ability to provide and bill Medicaid for SHS. To operationalize this provision, the legislative measure requests two appropriations from the State General Fund over the 2025-2027 Biennium.

To sustain grant-funded SHS initiatives in the immediate two years after the cooperative agreement has ended, the DHCFP intends to approach the 2027 Session of the Nevada Legislature with a comprehensive request, informed by data and end-user experience from the EHR/billing system cohort(s), for continued funding for the state-managed EHR/billing vendor.

The DHCFP funnels all Federal Financial Participation (FFP) to the LEAs for discretionary spending, allowing each LEA the flexibility to allocate resources in accordance with its unique needs. More broadly, by funding a comprehensive system of program supports and enhancements, the DHCFP anticipates the CMS SBS Grant will result in additional FFP through greater program utilization, increased service billing, and more robust and sustainable SHS programs for all participating LEAs.

Long-Term Goals

To maximize the lasting positive impact of these CMS SBS Grant initiatives, DHCFP has established long-term service goals, which continue to evolve as expansion initiatives progress. The DHCFP is striving for 100% of LEAs to be enrolled and billing Nevada Medicaid for authorized, expanded SHS on a regular basis within five years post-cooperative agreement award, and on a sustained basis thereafter. Additionally, the DHCFP has set a benchmark of claims billed by Provider Type 60 (PT60) for non-IEP/504 services at 40% and plans to track that metric on an ongoing basis. Finally, the DHCFP will continue to strive for the timely publication of updated SHS policy in a format that is accessible and easy-to-comprehend for LEAs.

Technical Assistance Center Participation

The DHCFP has capitalized on various opportunities to engage with the CMS TAC. The DHCFP's participation in CMS TAC Activities is detailed in the SBS Grant Data Submission and TAC Participation Form Excel file, included in the submission package. To ensure the timely and consistent dissemination of the information gathered through TAC participation, the DHCFP has reported and will continue to report on lessons learned, best practices, and implementation of SHS during standing stakeholder engagement calls, by posting information to the SHA Resource Center, and through newsletter publications.

Rural, Tribal, and Remote Areas

The DHCFP's aforementioned stakeholder engagement efforts, such as its statewide listening tour, intentionally included representation from LEAs in rural, Tribal, and remote areas. Stakeholder engagement efforts, the Needs and Infrastructure Assessment, and external analyses have all informed the DHCFP's awareness and understanding of the challenges related to delivering SHS in rural, Tribal, and remote areas. These are nuanced and evolving, but largely pertain to workforce shortages, infrastructure challenges, and gaps in access to care. The DHCFP's analysis to date of these areas and their challenges is summarized below.

Workforce shortages in rural, Tribal, and remote areas tend to be particularly acute among specialty providers and administrative staff. The transient nature of the health care professional population in these areas disrupts continuity of care for Medicaid recipients. The Rural Behavioral Health Policy Board (RBHPB) provides oversight and brings together stakeholders to improve the behavioral health system across Nevada. According to the RBHPB, the Rural Region encompasses six counties in northeastern Nevada and just under 100,000 people.[ii] As of 2022, there were no licensed psychiatrists, one licensed psychologist, five licensed clinical professional counselors, and 22 licensed clinical social workers located within the entire Rural Region.[iii] Data such as these speak to the severity of workforce shortages in some of Nevada's most underserved communities.

The estimated 2023 population density of counties within the Rural Region range from 0.5 to 6.5 individuals per square mile.[iv] The remoteness and sparseness of these areas creates infrastructure challenges, such as unreliable or insufficient access to internet and limited access to transportation.

Geography-related barriers include extreme weather, which exacerbates transportation challenges, gaps in coverage areas, and difficulty accessing many of these areas.

Some access challenges are the result of the compounding effects of the factors discussed above. The severe limitations in provider availability, coupled with the geographic isolation inherent in many of these communities, makes it exceedingly difficult to schedule and physically get to a health care appointment. Limited diversity within the workforce is especially notable among the mental health workforce in rural and Tribal communities, creating a mismatch between provider and student populations. This contributes to a lack of trust in SHS, particularly mental health services, which limits utilization of these services. Stakeholders shared that school mental health providers are predominately white and are only able to provide services on-site and with limited frequency, which causes skepticism among Tribal populations. This also leads to many eligible children not being enrolled in Medicaid, as schools may not have the personnel to provide enrollment assistance.

Understanding these barriers enables DHCFP to work toward effective solutions. In Q2 of FFY 2024-24, the DHCFP discussed these challenges with the SHA Steering Committee and has identified targeted educational materials, cultural engagement, community outreach, and telehealth options as potential solutions to build trust in, increase access to, and drive utilization of SHS among rural, Tribal, and remote areas.

On October 9, 2024, the DHCFP consulted with Tribal clinics interested in working with LEAs to ensure the provision of culturally appropriate care in schools and plans to offer additional opportunities in subsequent reporting periods. The DHCFP is mindful of the perspectives of rural, Tribal, and remote areas when designing and implementing SHS programs, leveraging the analysis above to inform its initiatives. For instance, while the EHR and school billing system will be available statewide and not only to LEAs in rural, Tribal, or remote areas, the DHCFP anticipates it will be particularly impactful for LEAs in these areas, where resource and workforce shortages are often the most severe. The state-managed and -funded SHS EHR/billing vendor will be of no cost to the LEAs, thus providing relief to LEAs' bottom line by enabling them to receive Medicaid reimbursement for services they already provide. By reducing the burden on LEAs to provide the state match and/or contract directly with EHR/billing vendor(s), LEAs can reallocate funding toward recruiting and retaining resources. Similarly,

the SPA the DHCFP intends to submit in Q3 of FFY 2024-25 will further increase the ability of LEAs in rural, Tribal, and remote areas to receive reimbursement for Medicaid-covered SHS.

More broadly, Nevada's Governor issued an Executive Order to the Patient Protection Commission to recommend strategies to address the statewide healthcare workforce shortage, leading to the submission of three Bill Draft Requests to the 2025 Nevada Legislature. Supporting and enabling the inclusion of rural, Tribal, and remote areas in the SHS program is and will remain a priority for the DHCFP throughout and beyond this grant.

Data and Reporting

In collaboration with the Department of Health and Human Services Office of Analytics (OOA), the DHCFP has begun to collect baseline information related to the number of individuals receiving SHS. The data are derived from claims submitted by SHS Medicaid providers and show county- and school district-level variation in the numbers of students receiving billed SHS, the number of claims submitted, the specific type of services provided, and the amounts paid. An initial data pull from July 2024 provides a useful point of comparison to serve as baseline data moving forward.

Throughout Q2 of FFY 2024-25, the DHCFP and the OOA continued to discuss and refine data collection and reporting processes. The DHCFP has begun discussing potential process improvements related to tracking, documenting, and maintaining statewide Medicaid/CHIP service data to bring reporting capabilities into alignment with the CMS Data Reporting template fields. Currently, the OOA provides annual Medicaid claims data reports for PT60 to the DHCFP, which are then used for analysis and tracking. DHCFP aims to expand its data analysis to include charts and graphics to more clearly demonstrate trends, which will enable program staff to more effectively interpret results and identify policy updates or interventions needed. Q2 conversations with LEAs and other stakeholders have revealed current gaps in LEAs' ability to report on 504 and IEP students disaggregated by Medicaid or CHIP coverage. To collect that data and report fully on the required element of the SBS Grant Data Submission in future reporting periods, the DHCFP is actively structuring a process with our education partners to standardize data requests and support LEAs in establishing a streamlined data collection and reporting process without creating undue administrative burden.

This strategic planning is being incorporated into regular reporting and monitoring workflows, including review and discussion with the SHA Steering Committee, LEAs, and potential public reporting. Additionally, the DHCFP will consider a series of data reporting and standardization convenings with partners at NDE to assist in the data collection, matching, and reporting process while ensuring adherence to FERPA, HIPAA, and other confidentiality and data security requirements. The DHCFP will continue to report on ongoing and planned process improvements through regular reports to, and meetings with, the CMS TAC.

The presently available data the DHCFP collected in Q2 is included as a separate Excel document as part of this submission package. It includes state- and LEA-level data and will serve as a baseline for subsequent data reporting. The DHCFP plans to implement the strategy described above to address the gaps existing in this initial report, particularly around the ability to report on total Medicaid and CHIP enrolled students and services by enrollment status segmented by 504, IEP, and other health service plan by individual LEA. Please see the DHCFP's completed SBS Grant Data Submission and TAC Participation Form template for additional detail.

Plans for Expanding Medicaid Services Beyond IEP/IFSP Services

As previously mentioned, the DHCFP expanded coverage of SHS in 2019 to cover a comprehensive set of benefits, from basic health screenings and nursing services to applied behavioral analysis and treatment of mental health and substance use conditions. Despite this expansion, only half of the school districts regularly bill Nevada Medicaid for these services, with most billing primarily for services provided to children under an IEP/IFSP.

The State Plan Amendment (SPA) to Attachment 3.1-A, page 2 will serve as the primary vehicle for further expanding Medicaid services beyond IEP and IFSP service billing (Appendix H). The proposed changes will allow LEAs to bill for allowable SHS that fall within licensure and scope of practice of, and provided by, school counselors, school social workers, and school psychologists with an NDE endorsement. The SPA will positively impact and bring further alignment of the SHS program to key health practitioner staff serving Medicaid students at school.

A public hearing is scheduled for January 28, 2025 to allow for general public comment on the proposed SPA to the SHS program. Pending discussion, the DHCFP anticipates the immediate submission of the SPA to CMS with an effective date of January 1, 2025.

Pending approval, the DHCFP will update the SHS Chapter of the MSM, notify LEAs, publish notice and updated materials to the newly launched School Health Access online Resource Center, and hold LEA and Steering Committee stakeholder meetings to further publicize and provide additional guidance on implementation.

Conclusion

The first quarter of FFY 2024-25 was marked by considerable progress in planning and laying the groundwork for the expansion of the DHCFP's SHS program. Key accomplishments included the ongoing engagement with SHS program stakeholders, the strategic planning and work toward producing a final Needs and Infrastructure Assessment, launching the School Health Access (SHA) Resource Center idea platform and Steering Committee engagement, and development of recommendations for the future procurement and piloting of a statewide EHR and school billing vendor option.

Throughout the second quarter, the DHCFP continued its multifaceted stakeholder engagement approach. The DHCFP completed the Needs and Infrastructure Assessment by using qualitative and quantitative data collection and analysis techniques. The School Health Access Steering Committee was relaunched and convened twice in 2024. The first iteration of the online SHA Resource Center was launched and previewed to the Steering Committee in December 2024, with planning efforts including a workflow and publication schedule to align with the Steering Committee and other stakeholder engagement initiatives. The DHCFP and its external consultants have collected various feedback and information related to the EHR/school billing system procurement and intend to proceed according to the updated timeline. These planned activities will ensure continued progress and collaboration towards enhancing the SHS program and expanding Medicaid support for school-based services in Nevada.

[i] Various authors, School-Based Health Centers and Pediatric Practice. *Pediatrics* October 2021; 148 (4): e2021053758. 10.1542/peds.2021-053758; https://publications.aap.org/pediatrics/article/148/4/e2021053758/183284/School-Based-Health-Centers-and-Pediatric-Practice?

[ii] Haskin, V. (2024). 2023 Annual Report. *Rural Regional Behavioral Health Policy Board.*

[iii] Griswold, T.; Packham, J.; Etchegoyhen, L.; Terpstra, J.; Mwalili, N.; Brown, A. (2023). Nevada Rural and Frontier Health Data Book (11th Ed.). *University of Nevada, Reno School of Medicine.*

[iv] Ibid.