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## CMS School-Based Services Grant Quarterly Progress Reporting Period 3

The following serves as the Nevada Division of Health Care Financing and Policy's (DHCFP's) Quarterly Progress Report for Reporting Period 3, spanning from January 1, 2025 through March 31, 2025.

### 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 progress report is submitted to CMS to summarize project activities that occurred in Q3 in compliance with the quarterly progress submission due April 30, 2025.

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 Local Education Agencies (LEAs) to expand the number of schools utilizing Medicaid to support SHS statewide. Activities conducted in Q3, detailed further in subsequent sections, include:

- Ongoing and multifaceted engagement with SHS program stakeholders through the School Health Access (SHA) Steering Committee and other avenues.
- Refinements to the SHA Resource Center, which serves as the centralized, public hub for SHS-related updates and resources, and planning for future enhancements.

- Finalization of recommendations, solicitation of stakeholder feedback, and development of a Request for Proposals (RFP) for a statewide Electronic Health Record (EHR) and school billing system vendor option.
- Policy updates, including submission of a State Plan Amendment (SPA) and updates to the Medicaid Services Manual (MSM) SHS Chapter.
- Collaborative efforts to identify and implement opportunities for more comprehensive data reporting.

## Stakeholder Engagement

Prior to and during Q3, DHCFP leveraged the SHA Steering Committee and Resource Center to engage various stakeholders. The Steering Committee is composed of representatives from several divisions within Health and Human Services, including the Aging and Disability Services Division, the Division of Child and Family Services, and the Division of Public and Behavioral Health; the Nevada Department of Education (NDE); LEAs across the state; and the State Public Charter School Authority. It also includes parent representatives and other select stakeholders. The Steering Committee met three times in Q3 on a monthly cadence. During each of these meetings, the DHCFP provided the Steering Committee with updates related to policy, planned enhancements to the SHA Resource Center, the EHR/school billing system procurement, CMS SBS Grant activities, and ongoing efforts pertaining to data collection. These topics are discussed in greater detail below.

This quarter's convenings further cemented the SHA Steering Committee as a venue for open dialogue and close collaboration between its members and DHCFP. The Steering Committee's input and insight has been a key factor in DHCFP's progress toward its goals under the CMS SBS Grant. For instance, the DHCFP used the February Steering Committee meeting as an opportunity for in-depth discussion of the system recommendations and draft RFP for the EHR and school billing system. The DHCFP reviewed the major RFP components and Steering Committee members shared suggestions on how to more closely align the RFP requirements with LEAs' priorities and needs. Steering Committee members and representatives from each LEA across the state also received the draft RFP and were able to provide written comments. For example, several stakeholders stressed the need for customizable reporting and accessible analytics capabilities; as such, the DHCFP added a dedicated requirement to that effect,

which is included in the final RFP. As a result of this multi-step stakeholder engagement and feedback process, the DHCFP feels strongly that the final RFP accurately reflects LEAs' priorities and needs and will yield a successful solicitation.

The DHCFP intends to continually leverage the collective expertise of the Steering Committee to inform, implement, and monitor the efforts undertaken as part of the CMS SBS Grant. Doing so will help to ensure stakeholder buy-in and result in a more effective SHS program. The Steering Committee meetings will convene in subsequent reporting periods.

Additionally, the DHCFP expanded and refined the SHA Resource Center during Q3. Following the rollout of the initial iteration to the Steering Committee in December, the DHCFP added resources based on stakeholder feedback and the landscape evaluation of best practices among states' SHS webpages conducted in Q2. Planned enhancements include monthly SHS office hours starting in Q4 and multidisciplinary training sessions, co-facilitated with NDE, in subsequent reporting periods. The DHCFP will continue its strategic planning efforts for the Resource Center and will continually solicit stakeholder feedback to maximize the utility and accessibility of this valuable information hub.

Ad hoc stakeholder engagement throughout Q3 complemented the efforts described above. During a public hearing on the State Plan Amendment on January 28 and a Public Workshop on the SHS chapter of the Medicaid Services Manual (MSM) on March 12, stakeholders received updates and shared input. These program policy updates are discussed below. This quarter, the DHCFP developed its second annual school survey, which will be sent to all LEAs in Q4. Responses will offer valuable data regarding LEAs' current billing practices, challenges, and unmet needs. As summarized above, the DHCFP leverages multiple avenues to engage diverse stakeholders and inform CMS SBS Grant activities.

## 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 EHR

and school billing vendor, and provided the foundation on which the final Needs and Infrastructure Assessment expounds.

During Q1, the DHCFP completed a work plan, which defined relevant research questions and detailed the process and timeline for completing the final Needs and Infrastructure Assessment. The preliminary assessment provided insight into variable participation among LEAs, administrative complexities, variations in access to funding, opportunities to build communities' trust, workforce shortages, and unmet EHR and billing system needs.

In Q2, the DHCFP and its external consultant finalized the Needs and Infrastructure Assessment, building upon information gathered from SHS program and claims data, two focus groups with representation from 10 LEAs, a focus group with the SHA Steering Committee, and an LEA stakeholder feedback session. It was submitted to CMS as part of the Year 1 Annual Narrative and Data Reporting package. The final assessment confirms and expands upon the preliminary findings, coalescing around the following key themes:

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

Throughout Q3, the findings of the Needs and Infrastructure Assessment informed numerous SHS activities, such as the second annual school survey and the ongoing procurement of a state-option school billing/EHR system. For instance, the DHCFP has included specific requirements around initial and ongoing technical assistance, training, and real-time support for LEA staff in the RFP in response to the findings above.

## Statewide EHR and School Billing Vendor

Informed by preliminary program assessment and evaluations conducted throughout early 2024, the DHCFP identified the procurement of a statewide EHR and school billing vendor as one method of increasing utilization among LEAs, particularly among those with fewer resources and capacity to fund these directly. The DHCFP is addressing the lack of a comprehensive solution for school districts/LEAs to bill Medicaid for health services, aiming to increase equitable access and create sustainable funding mechanisms for schools. This initiative seeks to ensure the availability of resources that support health services provided in the school setting, reduce administrative burdens for LEAs billing Medicaid for services, and improve student health outcomes such as reduced absenteeism. The procurement of a billing/EHR system is part of a broader effort to increase SHS program utilization and enhance service delivery across Nevada's LEAs. The key criteria for this system include sustainability, compliance with CMS requirements, and meaningful impact on SHS.

In Q1, 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. Completed in Q2, the final Needs and Infrastructure Assessment highlighted the need for district input, tailored design, and comprehensive staff training in establishing a statewide EHR. Resource limitations, such as insufficient staff and technical expertise among some LEAs, were an identified barrier to potential LEA participation.

In Q3, the DHCFP and its external consultant completed its information collection process, distilled findings into system recommendations, and DHCFP staff drafted an RFP. Information collection included a review of publicly available claims data among LEAs, multiple focus groups with LEAs and the SHA Steering Committee to discuss EHRs, a stakeholder feedback session, and an email survey to all LEAs, regardless of whether they currently bill Nevada Medicaid. 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 completed in Q2 to allow for more context and qualitative data collection for a select group of eight LEAs.

As previously reported, the DHCFP decided to allow more time for consultation with LEAs to inform more comprehensive system options and recommendations. In alignment with the update provided to CMS TAC on December 9, 2024, DHCFP updated the timeline for the forthcoming system procurement to the original schedule proposed in the CMS grant application to provide this additional time.

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 expressed 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.

As such, in Q3, the DHCFP and its consultant dedicated significant time to producing thoughtful system recommendations that reflect LEAs' current realities while striving toward an improved future state. These recommendations informed the requirements included in the RFP, which were socialized with all LEAs in addition to the SHA Steering Committee before being finalized. The final RFP includes the following set of core requirements:

- Automation of and support for Medicaid billing and claims management.
- Integration with Infinite Campus, the Student Information System that Nevada utilizes, to eliminate redundant data entry.
- Medicaid compliance support and provision of encounter chart templates.
- Integration with Nevada WebIZ for immunization records.
- Reporting and analytics, including the development of ad hoc reports and interactive dashboards.
- Training and technical assistance support for LEAs and relevant stakeholders.

To enable future expansion, the DHCFP will also evaluate prospective vendors' abilities to offer recommended, but optional, enhancements including bi-directional data exchange for coordination with community-based providers and integration with Medicaid managed care, where applicable.

The solicitation will be released early in Q4. Once the contract has been awarded and executed, the DHCFP will work with the selected vendor to develop and begin implementing a pilot strategy late this year. The pilot will go live in 2026, starting with a small initial cohort of early-adopter LEAs, allowing for real-time system configuration, refinement of technical assistance modalities, and ad hoc implementation support. As discussed in the “Sustainability Planning” section below, the DHCFP intends to secure funding to support broader adoption of the school EHR/billing system among additional cohorts in a subsequent reporting period. The DHCFP believes that this pilot strategy will result in smoother implementation, reduce the administrative burden for participating LEAs, and ultimately succeed in creating a sustainable, statewide, and state-managed option for LEAs.

### Other General Activities

Throughout Q3, the DHCFP has been engaged in various activities related to the SHS program expansion, including: updating program materials, sustainability planning, technical assistance, and data analytics. A summary of these activities follows.

#### Program Policy Updates

The DHCFP has continued its work to develop a State Plan Amendment (SPA) for the SHS program that will reduce barriers for schools implementing the expanded SHS program. The SPA seeks to authorize school-based providers (e.g., certified school counselors, school psychologists, and school social workers) to bill for Medicaid-reimbursable services within their scope and licensure without additional requirements. The DHCFP submitted the SPA to CMS in early February 2025.

The DHCFP has continued updating the SHS policy chapter of the MSM. Stakeholders had opportunities to provide feedback via sessions hosted by DHCFP in Q2 and on March 12, 2025. Key updates to the chapter include format changes, revised information on authorities, and new guidance on topics such as provider enrollment and third party liability. In parallel, the DHCFP drafted a comprehensive SHS Guide in Q2 to provide supplemental information and parameters to LEAs and other stakeholders, speaking to the education, rather than health care, audience. DHCFP plans to finalize and post this guide to the SHA Resource Center very early in Q4.

### Sustainability Planning

The DHCFP has provided detailed information in support of a legislative measure to ensure ongoing financial appropriations for SHS in Nevada and will keep doing so throughout the 2025 Nevada Legislative Session, which began in February. Related to sustainability in reimbursement rates, the draft legislation directs Department of Health and Human Services (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 direct the DHCFP 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 SFY26 and 27. As previously reported, 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 ongoing funding to support the state-managed EHR/billing vendor. More broadly, the DHCFP anticipates the expansion of SHS in Nevada will result in greater Federal Financial Participation due to increased program utilization and service billing, resulting in a more sustainable SHS program among participating LEAs throughout the state.

### CMS Technical Assistance and TAC Participation

The DHCFP has taken part in several Technical Assistance opportunities during Q3. These include:

- January 13, 2025 – CMS Monthly Grant Discussion
  - Participants: CMS SBS Grant representative, Hamilton Johns; four members of the DHCFP project team, and one additional attendee.
  - Purpose: Discuss quarterly progress reporting requirements and current barriers the DHCFP team is experiencing related to collecting and reporting on select data elements.
- January 16, 2025 – CMS TAC Webinar: Implementing Mental Health Initiatives in Schools
  - Participants: Clark County School District Medicaid Coordinator.

- Purpose: Gather information and best practices on the implementation of evidence-based strategies to improve mental health in schools.
- February 24, 2025 – CMS Monthly Grant Discussion
  - Participants: CMS SBS Grant representative, Hamilton Johns; five members of the DHCFP project team.
  - Purpose: Continue discussion around barriers to collecting required data elements and seek guidance on strategies to address gaps in presently available data.
- March 10, 2025 – CMS Monthly Grant Discussion
  - Participants: CMS SBS Grant representative, Hamilton Johns; four members of the DHCFP project team.
  - Purpose: Confirm CMS TAC's receipt of SBS Grant deliverables submitted to date and request guidance on best practices for data collection.
- March 12, 2025 – How Medicaid Cuts Will Harm Students & Schools
  - Participants: two members of the DHCFP project team.
  - Purpose: To assess the impact of proposed Medicaid cuts on students and schools, Healthy Schools Campaign surveyed school districts across the country, collecting over 1,400 responses representing all 50 states. Discuss the results of this survey, and hear from national policy experts and school district leaders about what would happen if schools lose Medicaid funding. Speakers gave an overview of the proposed cuts and provide advocacy strategies and opportunities to get involved in urging Congress to protect Medicaid.

In addition to attending the meetings summarized above, the DHCFP continues to submit questions and updates to the assigned CMS SBS Grant representative on an ad hoc basis. This enables the DHCFP to address any concerns and keep CMS TAC abreast of developments or changes in CMS SBS Grant activities in a timely manner.

### Rural, Tribal, and Remote Areas

The DHCFP's stakeholder engagement efforts, discussed above, intentionally included representation from LEAs in rural, Tribal, and remote areas to ensure awareness of the unique challenges these LEAs face regarding participation in SHS. In Q3, the DHCFP facilitated a Tribal consultation public meeting on January 8, 2025. The three SHA Steering Committee meetings in Q3 featured discussion of the challenges related to delivering SHS in rural, Tribal, and remote areas. These perspectives continue to inform the DHCFP's CMS SBS Grant activities. For example, the school EHR/billing system pilot strategy, which is in early stages of development, will include strategies to encourage participation among LEAs in rural, Tribal, and remote areas, including multi-modal, tailored technical assistance and communications reemphasizing the school EHR/billing system is state-funded. The DHCFP will conduct additional targeted outreach to and support of LEAs in rural, Tribal, and remote areas to enhance their participation in the SHS system.

### Data and Reporting

In collaboration with the DHHS Office of Analytics (OOA), the DHCFP has worked to collect baseline information related to the number of individuals receiving SHS. The data is derived from claims data submitted by SHS Medicaid providers and show county- and school district-level variation in the numbers of individuals receiving SHS, the number of claims submitted, the specific type of services provided, and the amounts paid.

Throughout Q2, the DHCFP and the OOA collected and analyze available data. Current shortcomings in data collection and reporting from various entities emerged, kickstarting discussions around potential process improvements related to tracking, documenting, and maintaining statewide Medicaid/CHIP service data. For instance, LEAs are limited in their ability to report on 504 and IEP students disaggregated by Medicaid or CHIP coverage.

These challenges limited the ability to report on all of the requested data elements for the first Annual Narrative and Data Report. However, the DHCFP had strategic planning discussions throughout Q3 to identify solutions and collect more of the required data without adding undue administrative burden for LEAs or the State Educational Agency. This quarter, the DHCFP met with NDE partners to strategize around data matching processes to accurately aggregate available data regarding Medicaid-enrolled

students with IEPs. The DHCFP and NDE are working to execute a data sharing agreement to streamline the data collection and reporting processes in subsequent reporting periods. Furthermore, once operational, the school EHR and billing system will help fill gaps by standardizing the types and formats of data collected by participating LEAs.

This quarter, the DHCFP and its external consultant scaled up work on the development of a program evaluation framework. The framework will incorporate the required reporting elements under this CMS SBS Grant, existing indicators of the strength of Nevada's SHS program, and long-term program goals. This effort coincides with the second annual school survey, which improves upon the first iteration by formatting questions to enable year-over-year trend tracking. The survey seeks to gather both quantitative and qualitative information on LEAs' current billing practices, challenges, and opportunities for greater support from the DHCFP. The final program evaluation framework will serve as an important tool for monitoring and furthering the health and growth of the SHS program across Nevada.

### Conclusion

The DHCFP's activities during Q3 demonstrate steady progress toward the expansion of the DHCFP's SHS program. Key accomplishments include the ongoing and multifaceted engagement with SHS program stakeholders, three convenings of the SHA Steering Committee, the continued development of the SHA Resource Center, the development of recommendations and finalization of the school EHR/billing system RFP, and collaborative efforts to improve data collection and reporting capabilities. The DHCFP will further this work to increase the provision of Medicaid-funded services intended to ultimately improve the health and educational outcomes of Nevada's students.