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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Stacie Weeks,
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Administrator

CMS School-Based Services Grant Quarterly Progress Reporting Period 1

Nevada Medicaid Department of Health and Human Services

Division of Health Care Financing and Policy (DHCFP)

Stacie Weeks, Administrator

October 30, 2024

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 – Quarterly Progress Report Submission, Budget Period 1

Dear CMS Grant Administrators:

I am pleased to submit the Q1 Quarterly Progress Report for Federal Fiscal Year (FFY) 2024-25 on behalf of the Nevada Medicaid Department of Health and Human Services Division of Health Care Financing and Policy (DHCFP).

The following report details the activities completed by DHCFP for the grant period July 1, 2024 – September 30, 2024, in compliance with the federal grant awarded to DHCFP on July 1, 2024 to expand our School Health Services (SHS) program. A summary of contents include:

- **Stakeholder Engagement:** Activities related to stakeholder engagement with SHS program stakeholders.
- **Needs and Infrastructure Assessment:** Activities related to the production of a final Needs and Infrastructure Assessment.
- **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.
- **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.
- **Program Policy Updates and Draft SPA:** Activities related to program and policy updated to the SHS Chapter of the Nevada Medicaid Services Manual (MSM) and development of a draft State Plan Amendment (SPA).

- **Data and Reporting:** Activities related to the collection and analysis of baseline SHS data and development of data reporting and monitoring processes.

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,

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Attachment: "Quarterly Report - 070124 thru 093024_Nevada_Quarterly Progress Reporting Period_1", PDF

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 (DHCFP) has undertaken a multi-faceted expansion of the School Health Services (SHS) program and supports.

This progress report is submitted to the CMS to provide a summary of project activities that occurred in Q1 of Federal Fiscal Year (FFY) 2024-25 in compliance with the quarterly project update submission due October 30, 2024.

In 2019, DHCFP expanded coverage of school health 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 school health services 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 DHCFP 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 EHR and billing systems. Findings also included the need to support tribal schools in accessing Medicaid reimbursement not just through investment alone, but through building trust and understanding of the unique governance structures of Nevada's 28 federally recognized tribes.

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 geared towards addressing the operational, technical, and programmatic barriers experienced by LEAs to ultimately expand the number of schools utilizing Medicaid to support SHS statewide. These efforts include:

- Ongoing engagement with SHS program stakeholders, including LEAs, charter schools, tribal school and health leaders, parents, the Nevada Department of Education (NDE), University of

Nevada Reno (UNR) Multi-Tiered System of Support (MTSS) department 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, documentation, and to provide input to SHS program enhancements.
- Procurement and pilot of a statewide Electronic Health Record (EHR) and school billing vendor option.
- Updates to the SHS Chapter of the Medicaid Services Manual (MSM).
- Creation of data reporting and monitoring processes and analysis.
- Leveraging resources for DHCFP through the CMS SBS Grant funding and technical assistance.

The following report provides a detailed summary of activities that occurred in Q1 of FFY 2024-25 in compliance with the CMS SBS Grant award quarterly progress report submission requirement.

Stakeholder Engagement

Over the past year, DHCFP has worked hard to elevate school health services through conducting multi-pronged stakeholder engagements to gain 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 of 2024, 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, and 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. These engagements were followed by a statewide in-person listening tour that ran through May of 2024, wherein 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, including a series of meetings 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. Most recently, DHCFP met with SPCSA in July of 2024 to discuss SHS application and administrative billing questions. SPCSA has since submitted their first application to participate in the SHS program as a local educational agency for public charter member schools throughout the state.

In Q1 of FFY 2024-25, DHCFP began work to develop a workplan for the launch and implementation of the School Health Access (SHA) Resource Center and a formal Steering Committee to guide that Resource Center. Activities include work to confirm the final membership and composition of the Steering Committee and initial strategic discussions about the structure and schedule of future Steering Committee meetings.

In Q2, the School Health Access Steering Committee will relaunch in an ongoing capacity, convening twice by the end of 2024 to review and provide input on the final Needs and Infrastructure Assessments, and specifications for the forthcoming Electronic Health Record (EHR) and school billing vendor procurement. These efforts will include the development of a charter to guide the work of the SHA Steering Committee. In parallel, by December 2024, the first iteration of the SHA Resource Center will launch. Planning for this resource will include a workflow and publication schedule for the resource center to align with the Steering Committee and other stakeholder engagement initiatives.

Needs and Infrastructure Assessment

As part of the CMS SBS Grant application, 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 current final Needs and Infrastructure Assessment will expound.

During Q1 of FFY 2024-25, DHCFP released a request for proposal 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 this external consultant, DHCFP has completed a work plan which builds 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 will be the subject of additional research questions and activities to inform the final assessments.

Throughout Q2 of FFY 2024-25, DHCFP and our external consultant will execute on the Needs and Infrastructure Assessment work plan utilizing qualitative and quantitative data collection and analysis techniques. This work will include descriptive data analysis, surveys, interviews and/or focus groups, public stakeholder sessions and input from the SHA Steering Committee.

Statewide EHR and School Billing Vendor

Informed by preliminary program assessment and evaluations conducted throughout early 2024, 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, DHCFP and their 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 DHCFP under an informal request to help inform Nevada's CMS SBS Grant proposal. DHCFP also worked closely with the 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 were developed in Q1, resulting in a list of research questions tailored to an EHR and billing vendor that will

be included in the Needs and Infrastructure Assessment focus groups planned for Q2 of FFY 2024-25. 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.

Final recommendations for system procurement will be reviewed by DHCFP leadership and the SHA Steering Committee by December 2024. The anticipated release date for the EHR and school billing vendor solicitation is January 15, 2025, with final selection by April 1, 2025, for a July 2025 effective date.

School Health Access Resource Center and Steering Committee

The School Health Access (SHA) Resource Center and Steering Committee are central components to the DHCFP strategy for enhancing and increasing utilization of the SHS program. Related to findings from the preliminary needs assessment and program evaluation, which 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, DHCFP has begun planning for the launch of 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, internal discussions and planning with DHCFP Information Technology (IT) occurred to identify technical requirements, capabilities, and timelines to launch the Resource Center webpage by December 2024. A formal work plan was also developed, outlining the membership and scheduling for the SHA Steering Committee, with planned meetings in November and December to include review and discussion of the initial SHA Resource Center materials, as previously discussed under Stakeholder Engagement activities.

Other General Activities

Throughout Q1 of FFY 2024-25, 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

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, further adding to efforts to increase utilization and impact of the program. Informed by LEA and Steering Committee stakeholders, school survey and listening tour feedback, the draft SPA will authorize school-based providers, such as certified school counselors, school psychiatrists, and school social workers, to bill for Medicaid reimbursable services within their scope and licensure without additional requirements. DHCFP anticipates submission of the SPA to CMS by January 1, 2025.

In parallel, and in collaboration with an external consultant, DHCFP has been working to produce an updated and enhanced SHS policy chapter of the Medicaid Services Manual. These efforts have included a comprehensive review of SHS program manuals, documentation, and workflows. Draft updates were completed in September of 2024 and presented to LEA stakeholders for initial feedback on October 10 via a public workshop. Revisions are in process and final input from stakeholders, including on details of the draft SPA, was conducted on October 21.

Sustainability Planning

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. 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 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 as provided by an employee or contractor of a school district, 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 School Health Access 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.

CMS Technical Assistance and TAC Participation

DHCFP has taken part in several Technical Assistance calls since the start of the CMS SBS Grant in July of 2024. These include:

- September 9, 2024 – Monthly Grant Discussion
 - Participants: CMS SBS Grant representative, Hamilton Johns; DHCFP representatives, Monica Schiffer and Jennifer Krupp
 - Purpose: Discuss ongoing and upcoming SBS Grant activities to ensure alignment with CMS's expectations.
- September 17, 2024 – All Grantee Call
 - Participants: CMS SBS Grant representatives; DHCFP representative, Monica Schiffer.
 - Purpose: Discuss content and specifics related to upcoming SBS Quarterly Progress report submission.
- September 19, 2024 – CMS SBS Webinar (Reviewing a Year of Progress and What's on the Horizon: Increasing Access to Medicaid School-Based Services (SBS))
 - Participants: CMS SBS Grant representatives; DHCFP representative, Monica Schiffer.
 - Purpose: Gather information about available and upcoming technical assistance resources.

- October 8, 2024 – CMS/DHCFP TA Meeting
 - Participants: CMS SBS Grant representatives, Christopher Thompson and Hamilton Johns; DHCFP project team, Malinda Southard, Monica Schiffer, Ann Jensen, and external consultants.
 - Purpose: Discuss content and specifics related to the Q1 Quarterly Progress Report submission, including scope and length of responses and submission deadline.
- October 23, 2024 – CMS TAC Cohort 3 Meeting
 - Participants: CMS SBS Grant representatives; DHCFP representatives, Malinda Southard, Monica Schiffer, and Erica McAllister.
 - Purpose: Discuss progress and request technical assistance on ongoing and upcoming SBS Grant initiatives.

Rural, Tribal, and Remote Areas

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. For instance, DHCFP's statewide listening tour included targeted engagement with rural districts. Additionally, in Q2 of FFY 2024-25, DHCFP facilitated tribal consultation on October 9, 2024 to engage tribal clinics interested in working with LEAs to ensure the provision of culturally appropriate care in schools. DHCFP has plans to continue and expand this work in subsequent reporting periods.

Data and Reporting

In collaboration with the Department of Health and Human Services Office of Analytics (OOA), DHCFP has collected baseline information related to the number of individuals receiving SHS. The data is primarily derived from claims data submitted by Medicaid providers. The data 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. The most recent data pull is from July 2024 and provides a useful point of comparison to serve as baseline data.

Throughout Q2 of FFY 2024-25, DHCFP and the Office of Analytics will continue to collect and analyze this data to identify trends and opportunities. Strategic planning will also begin to identify utilization and success metrics related to the CMS SBS Grant initiatives. This planning will then be incorporated into regular reporting and monitoring workflows, including review and discussion with the SHA Steering Committee, LEAs, and potential public reporting.

Conclusion

The first quarter of FFY 2024-25 has been marked by considerable progress in planning and laying the groundwork for the expansion of DHCFP's SHS program. Key accomplishments include 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 Resource Center and Steering Committee, and development of recommendations for the future procurement and piloting of a statewide EHR and school billing vendor option.

Looking ahead to Q2 of FFY 2024-25, DHCFP will complete the Needs and Infrastructure Assessment, using qualitative and quantitative data collection and analysis techniques to inform the final assessments. The School Health Access Steering Committee will relaunch in an ongoing capacity, with the goal of convening twice by the end of 2024. The first iteration of the SHA Resource Center will also launch by December 2024, with planning efforts including a workflow and publication schedule to align with the Steering Committee and other stakeholder engagement initiatives. These planned activities will ensure continued progress and collaboration towards enhancing the SHS program and expanding Medicaid support for school health services in Nevada.