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## CMS School-Based Services Grant Quarterly Progress Reporting Period 2

The following serves as the Nevada Division of Health Care Financing and Policy's (DHCFP's) Quarterly Progress Report for Reporting Period 2, spanning from October 1, 2024 through December 31, 2024.

### 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 Q2 of Federal Fiscal Year (FFY) 2024-25 in compliance with the quarterly progress submission due January 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 ultimately expand the number of schools utilizing Medicaid to support SHS statewide. Activities conducted in Q2, detailed further in subsequent sections, include:

- Ongoing and multifaceted engagement with SHS program stakeholders through the School Health Access (SHA) Steering Committee, focus groups, and ad hoc requests.
- Finalization of the Needs and Infrastructure Assessment to confirm preliminary findings and inform future initiatives.
- Development and limited launch of the SHA Resource Center webpage, which will serve as the centralized hub for SHS-related updates and resources.

- Research and development of recommendations related to exploring the procurement and pilot of a statewide Electronic Health Record (EHR) and school billing vendor option.
- Policy updates.
- Data collection efforts, including planning for future process improvements to allow for more comprehensive data reporting.

## Stakeholder Engagement

Throughout Q2 of FFY 2024-25, the DHCFP leveraged stakeholder input in several ways. Described below, the DHCFP and its external consultants conducted two focus groups and a stakeholder feedback session to inform the final Needs and Infrastructure Assessment. Building upon the foundation laid in Q1 of FFY 2024-25, including work to develop a workplan and charter, the DHCFP significantly scaled up the SHA Resource Center and Steering Committee this quarter. The SHA Steering Committee, comprising representatives from various state agencies (e.g., Division of Child and Family Services, Department of Education (NDE), etc.), LEAs, parents, and other stakeholders, was formally launched. The Steering Committee met twice, on November 25 and December 18, 2024, to discuss several topics related to the CMS SBS Grant and broader SHS initiatives. These included the findings of the Needs and Infrastructure Assessment, status of CMS SBS Grant workstreams, improvements to data collection, and suggestions related to the prospective EHR procurement.

This quarter was instrumental in developing a process for ongoing collaboration with the SHA Steering Committee and for implementing the Resource Center. The first two meetings of the Steering Committee established an avenue between its members and the DHCFP for close collaboration. The DHCFP's intent is 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 DHCFP has established a monthly cadence for Steering Committee meetings, which will extend through subsequent reporting periods.

One result of the work of the DHCFP and the Steering Committee is the first iteration of the SHA Resource Center. The DHCFP previewed the Resource Center webpage to the Steering Committee during the December 2024 meeting. Members shared feedback on the types of resources the Resource

Center should include, such as sections for LEAs and parents, trainings, and links to external resources from the NDE and others. As a result of the Steering Committee's feedback, the DHCFP plans to host monthly SHS office hours, with multidisciplinary state representation, to provide LEAs and other stakeholders regular opportunities to ask questions or provide feedback. This quarter, the DHCFP's external consultant conducted a landscape evaluation of best practices among other states' SHS webpages. The DHCFP shared the findings of this evaluation with the Steering Committee, informing planned enhancements to future iterations of the SHA Resource Center. The DHCFP and the Steering Committee will continue to develop the Resource Center into a comprehensive central hub for SHS information. Additions to the Resource Center will follow the workflow and publication schedule, developed this quarter, to align with the Steering Committee and other stakeholder engagement initiatives.

Ad hoc stakeholder engagement throughout Q2 complemented the efforts described above. The DHCFP met with the State Public Charter School Authority (SPCSA) to continue discussing its application to participate in the SHS program as a LEA for public charter member schools throughout the state, which was submitted in Q1. The SPCSA is now an enrolled SHS provider with the DHCFP. The DHCFP also conducted a Tribal Consultation public meeting, a public workshop on the SHS Medicaid Services Manual (MSM), and several public workshops on the SHS Guide. During these stakeholder meetings, DHCFP shared information regarding the intent of the Division to lift barriers and ease burdens for the LEAs to bill Medicaid for covered services. Participants of these meetings requested additional information regarding supervision, billing and screenings be included in published documents. For additional detail on stakeholder engagement, including the SHA Steering Committee and Resource Center, please see the Annual Report and Appendices A-E, which include the meeting summaries, slide decks, and charter used to guide the SHA Steering Committee.

### 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 of FFY 2024-25, 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.

Throughout Q2 of FFY 2024-25, 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. 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.

To address these findings and ultimately expand the provision of and reimbursement for SHS across Nevada, the DHCFP will engage LEA stakeholders through public workshops and annual school surveys, continue work around the SHA Resource Center and Steering Committee, and pursue the procurement of a state-option school billing/EHR system. The DHCFP intends to implement these recommendations and will provide status updates in subsequent reporting periods. For additional detail, please see the Needs and Infrastructure Assessment.

## 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 school health services.

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. 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.

Between October and November 2024, the DHCFP conducted a review of publicly available claims data among LEAs. It hosted two focus groups with LEAs specifically to talk about EHRs, one focus group with the SHA Steering Committee in November, as well as one stakeholder feedback session in December. To round out this feedback, the DHCFP also sent an EHR email survey to all LEAs in December. The DHCFP will continue collecting and analyzing responses during Q3 of FFY 2024-25.

The feedback gathered to date revealed significant challenges related to existing documentation and billing systems, which the DHCFP feels are important to address. As such, the DHCFP decided to allow more time for additional 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.

Throughout Q2, 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.

In Q3, the DHCFP and its consultant will aggregate feedback to produce recommendations for systems requirements and structure. These recommendations will be socialized with the SHA Steering Committee in February 2025 and inform final recommendations and solicitation. The EHR and school billing vendor solicitation will be drafted ahead of the anticipated release date of March 31, 2025. DHCFP will also further develop plans for system configuration and launching a pilot of early-adopter LEAs to begin later this year. For additional detail, please see the Annual Report and the Needs and Infrastructure Assessment.

## Other General Activities

Throughout Q2 of FFY 2024-25, 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 anticipates submission of the SPA to CMS in February of 2025.

The DHCFP has continued updating the SHS policy chapter of the MSM. Draft updates were completed in September 2024. Stakeholders had opportunities to provide feedback via sessions hosted by DHCFP on October 10 and October 21, 2024. In parallel, a comprehensive SHS Guide was drafted during Q2 to provide additional 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 in Q3 of FFY 2024-25. For additional detail on the SPA and other policy updates, please see the Annual Report.

### Sustainability Planning

The DHCFP has continued its support of a legislative measure to ensure continued financial appropriations for SHS in Nevada. The DHCFP plans to continue its support for this measure throughout the 2025 Nevada Legislative Session to solidify the sustainability of Nevada's SHS expansion efforts.

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 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 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. For additional detail on sustainability planning, including the legislative measure referenced above, please see the Annual Report and Appendix G.

### [CMS Technical Assistance and TAC Participation](#)

The DHCFP has taken part in several Technical Assistance opportunities during Q2 of FFY 2024-25.

These include:

- October 8, 2024 – CMS/ DHCFP TA Meeting
  - Participants: CMS SBS Grant representatives, Christopher Thompson and Hamilton Johns; the 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, Erica McAllister, and Thomas Tilton.
  - Purpose: Discuss progress and request technical assistance on ongoing and upcoming SBS Grant initiatives.
- November 14, 2024 – CMS TAC Webinar: Expanding Preventive Behavioral Services
  - Participants: CMS SBS Grant representatives; DHCFP representatives.
- November 18, 2024 – CMS Monthly Grant Discussions



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- Participants: CMS SBS Grant representatives; DHCFP representatives, Malinda Southard, Monica Schiffer, Erica McAllister, and Thomas Tilton.
- Purpose: Discuss barriers to collecting requested data from the State Education Agency regarding student Medicaid eligibility.
- December 9, 2024 – CMS Monthly Grant Discussions
  - Participants: CMS SBS Grant representatives; DHCFP representatives, Malinda Southard, Monica Schiffer, Erica McAllister, and Thomas Tilton.
  - Purpose: Continue discussing potential barriers to collecting requested data from LEAs.

For additional detail regarding the DHCFP’s participation in TAC activities, please see the SBS Grant Data Submission and TAC Participation Form Excel file.

### 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 Q2 of FFY 2024-25, the DHCFP facilitated Tribal consultation on October 9, 2024 to engage Tribal health clinics interested in working with LEAs to ensure the provision of culturally appropriate care in schools. Two tribal members were appointed to seats on DHCFP’s Children’s Behavioral Health Transformation project to provide input regarding these challenges. Through the SHA Steering Committee meetings in Q2 and other stakeholder engagement opportunities, the DHCFP gathered valuable input on the challenges related to delivering SHS in rural, Tribal, and remote areas. Steering Committee members suggested developing targeted educational materials, conducting additional cultural engagement and community outreach, and considering telehealth options as potential methods for addressing these barriers. The DHCFP has plans to continue and expand this work in subsequent reporting periods. For additional detail regarding the DHCFP’s engagement with rural, Tribal, and remote areas, please see the Annual Report.

## 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 of FFY 2024-25, the DHCFP and the OOA continued to collect 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. While these challenges limit the ability to report on all of the requested data elements for this reporting period, continued strategic planning will enable DHCFP to gather more of the required data without adding undue administrative burden for LEAs or the State Educational Agency. For additional detail on data and reporting, please see the SBS Grant Data Submission and TAC Participation Form Excel file and Annual Report.

## Conclusion

The second quarter of FFY 2024-25 demonstrates continued progress toward the expansion of the DHCFP's SHS program. Key accomplishments include the ongoing and multifaceted engagement with SHS program stakeholders, two convenings of the SHA Steering Committee, the initial and limited launch of the SHA Resource Center, the finalization of the Needs and Infrastructure Assessment, and the continued development of recommendations to guide the future procurement of a statewide EHR and school billing vendor option. DHCFP looks forward to building upon this progress in subsequent reporting periods.