

- 4.a. Nursing facility services require prior authorization from the Nevada Medicaid Office.
- 4.b. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services as defined in 42 CFR 440.40(b). All medically necessary diagnostic and treatment services will be provided to EPSDT recipients to treat conditions detected by periodic and interperiodic screening services, even if the services are not included in the "State Plan."

1. School Based Child Health Services

School based health services include covered medical services, treatment, and other measures to correct or ameliorate any physical or mental disability. Services are provided by or through a Local Education Agency (LEA) to children with or suspected of having disabilities, who attend public school in Nevada, recommended by a physician or other licensed practitioners of the healing arts to special education students.

Assessment, diagnosis, and evaluation services, including testing, are services used to determine Individuals with Disabilities Education Act (IDEA) eligibility or to obtain information on the individual for purposes of identifying or modifying the health related services on the Individualized Education Plan (IEP)/Individualized Family Service Plan (IFSP). These services are not covered if they are performed for educational purposes (e.g. academic testing or are provided to an individual who as the result of the assessment and evaluation is determined not to be eligible under IDEA. Services must be performed by qualified providers as set forth in this State Plan Amendment and who provide these services as part of their respective area of practice (e.g., psychologist providing a behavioral health evaluation).

Service Limitations

Services provided in a school setting will only be reimbursed for recipients who are at least three years of age and under 21 years who have been determined eligible for Title XIX and IDEA, Part B services with a written service plan (an IEP/EFSP) which contains medically necessary services recommended by a physician or other practitioner of the healing arts, within the scope of his or her practice under state law. For children ages 0-3, these direct services are available through the Early Intervention program and community providers, but are not provided in a school based setting.

Medicaid does not reimburse for social or educational needs or habilitative services. Medicaid does cover §1905(a) medical services addressed in the IEP that are medically necessary that correct or ameliorate a child's health condition. Medicaid covered services are provided in accordance with the established service limitations.

The services are defined as follows:

A. Physicians' services furnished in the school environment.

Services: As regulated under 42 CFR §440.50 and other applicable state and federal law or regulation.

Nevada Medicaid reimburses for covered medical services that are reasonable and medically necessary, performed by a physician or under the personal supervision of a physician, and that are within the scope of practice of their prognosis as defined by state law. Services must be performed by the physician or by a licensed professional working under the personal supervision of the physician, such as:

- a. Evaluation and consultation with providers of covered services for diagnostic and preventive services including participation in a multi-disciplinary team assessment;
- b. Record review for diagnostic and prescriptive services;
- c. Diagnostic and evaluation services to determine a recipient's medically related condition that results in the recipient's need for medical services.

Provider Qualifications:

Licensure as a Physician by the Nevada State Board of Medical Examiners acting within their scope of practice (Nevada Revised Statute (NRS) 630.160, 630.165, 630.195, Nevada Administrative Code (NAC) 630.080), and 42 CFR §440.50

B. Physician's Assistant services furnished in the school environment.

Services: As regulated under 42 CFR §440.60 and other applicable state and federal law or regulation.

Nevada Medicaid reimburses for covered medical services that are reasonable and medically necessary, ordered or performed by a physician or under the personal supervision of a physician, and that are within the scope of practice of their prognosis as defined by state law. Services must be performed by the physician or by a licensed professional working under the personal supervision of the physician, such as:

- a. Evaluation and consultation with providers of covered services for diagnostic and preventive services including participation in a multi-disciplinary team assessment;
- b. Record review for diagnostic and prescriptive services;
- c. Diagnostic and evaluation services to determine a recipient's medically related condition that results in the recipient's need for medical services.

Provider Qualifications:

Licensed by the Board of Medical Examiners or certification by the Nevada State Board of Osteopathic Medicine as a Physician Assistant to perform medical services under the supervision of a supervising physician in which they perform the functions or actions, and must act only within the scope of their State license.

C. Psychologists' services furnished in the school environment.

Services: As regulated under 42 CFR §440.60(a) and other applicable state and federal law or regulation.

Observation, description, evaluation, interpretation or modification of human behavior by the application of psychological principles, methods or procedures to prevent or eliminate disease, disability, problematic, unhealthy or undesired behavior and to enhance personal relationships and behavioral and mental health towards the appropriate reduction of a mental impairment to the child's best possible functional level. Service includes:

- a. Mental health assessment;
- b. Psychological testing (non-educational cognitive);
- c. Assessment of motor language, social, adaptive and/or cognitive functioning by standardized developmental instruments;
- d. Psychotherapy (group/individual).

Provider Qualifications:

A doctoral degree in psychology obtained from an approved doctoral program in psychology accredited by the American Psychological Association (APA) or a doctoral program in psychology accredited individually or as part of an institutional accreditation by another private or governmental accrediting agency, when the association's or agency's standards and procedures have been approved by the State Board of Psychologist Examiners. Licensed in the state in which they perform the functions or actions, and must act only within the scope of their State license.

D. Registered Nurses and Licensed Practical Nurses services furnished in the school environment.

Services: As regulated under 42 CFR §440.60(a) and other applicable state and federal law or regulation.

Skilled nursing refers to assessments, judgments, interventions and evaluation of interventions which require the education, training and experience of a licensed nurse to complete. Services must be based on an assessment and supporting documentation that describes the complexity and intensity of the recipient's care and the frequency of skilled nursing interventions.

Skilled nursing services are a covered service when provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of a registered nurse in accordance with the IEP/IFSP, to be safe and effective. An LPN may participate in the implementation of the plan of care for providing care to recipients under the supervision of a licensed registered nurse, or physician, or nurse practitioners that meet the federal requirements at 42 CFR 440.166. Services considered observational or stand-by in nature are not covered. Nursing Services are provided to an individual on a direct one-to-one basis on site within the school environment, such as:

- a. Catheterization or catheter care;
- b. Care and maintenance of tracheotomies;
- c. Prescription medication administration that is part of the IEP/IFSP;
- d. Oxygen administration;
- e. Tube feedings;
- f. Suctioning;
- g. Ventilator Care;
- h. Evaluations and assessments (RNs only).

Provider Qualifications

Nurses must be licensed by the Nevada Board of Nursing as a Registered Nurse (Nevada Revised Statutes (NRS) 632.019) or, as a Licensed Practical Nurse (NRS 632.016) in accordance with the Nurse Practice Act working within the scope of their practice.

- E. Advanced Nurse Practitioners' services furnished in the school environment.

Services: As regulated under 42 CFR §440.166 and other applicable state and federal law or regulation.

Nursing evaluation and treatment services include: Assessment, treatment services, and supervision of delegated health care services provided to prevent disease, disability, other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. Including any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law, for maximum reduction of physical and mental disability and restoration of a recipient to his or her best possible functional level. Supervision for services provided to coordinating care and integrating nursing tasks and services that can be performed in a school environment, in addition to:

- a. Evaluation and consultation with providers of covered services for diagnostic and preventive services including participation in a multi-disciplinary team assessment;
- b. Record review for diagnostic and prescriptive services;
- c. Diagnostic and evaluation services to determine a recipient's medically related condition that results in the recipient's need for medical services.

Provider Qualifications

Hold a certificate of recognition as an advanced nurses practitioner by the Nevada Board of Nursing to perform medical services under the supervision of a supervising physician in which they perform the functions or actions, and must act only within the scope of their State certificate of recognition, in accordance with Nevada Revised Statutes (NRS) Chapter 632 and Nevada Administrative Code (NAC) Chapter 632, Nurse Practice Act.

F. Physical therapy services furnished in the school environment.

Services: As regulated under 42 CFR §440.110(a) and other applicable state and federal law or regulation.

Physical therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the direction of a qualified physical therapist to ameliorate/improve neuromuscular, musculoskeletal and cardiopulmonary disabilities.

Physical Therapy Evaluations and Treatments: includes assessing, preventing or alleviating movement dysfunction and related functional problems; obtaining and interpreting information; and coordinating care and integrating services relative to the recipient receiving treatment such as:

- a. Evaluation and diagnosis to determine the existence and extent of motor delays, disabilities and/or physical impairments effecting areas such as tone, coordination, movement, strength, and balance;
- b. Therapeutic exercise;
- c. Application of heat, cold, water, air, sound, massage, and electricity;
- d. Measurements of strength, balance, endurance, range of motion;
- e. Individual or group therapy.

Provider Qualifications:

A “qualified physical therapist” is an individual who is a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent; and where applicable, licensed by the State.

Physical therapy assistant is a person who is licensed as a physical therapist assistant, if applicable, by the State in which practicing (NRS 640.260), and has graduated from a 2-year college-level program approved by the American Physical Therapy Association; or has 2 years of appropriate experience as a physical therapist assistant, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service, except that these determinations of proficiency do not apply with respect to persons initially licensed by a State or seeking initial qualification as a physical therapy assistant after December 31, 1977.

All personnel who are involved in the furnishing of outpatient physical therapy services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

The physical therapist must be present or readily available to supervise a physical therapist assistant for prescribed supervised CPT modalities that do not require direct (one-on-one), patient contact by the licensed therapist.

G. Occupational therapy services furnished in the school environment.

Services: As regulated under 42 CFR §440.110(b) and other applicable state and federal law or regulation.

Occupational therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of practice under state law and provided to a recipient by or under the direction of a qualified occupational therapist to ameliorate/improve functional disabilities.

Occupational Therapy Evaluations and Treatments: Include assessing, improving, developing, or restoring functions impaired or lost through illness, injury or deprivation, improving ability to perform tasks for independent functioning when functions are lost or impaired, preventing through early intervention, initial or further impairment or loss of function; and obtaining and interpreting information; and coordinating care and integrating services, such as:

- a. Evaluation and diagnosis to determine the extent of disabilities in areas such as sensorimotor skills, self-care, daily living skills, play and leisure skills, and use of adaptive or corrective equipment;
- b. Task-oriented activities to prevent or correct physical or emotional deficits to minimize the disabling effect of these deficits;
- c. Exercise to enhance functional performance;
- d. Individual and group therapy.

Provider Qualifications:

A "qualified occupational therapist" is an individual who is a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association.

Occupational therapy assistant is a person who has satisfied the academic requirement of an educational program approved by the Board of Occupational Therapy and the American Occupational Therapy Association and is authorized (licensed or certified) to

practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

All personnel who are involved in the furnishing of outpatient occupational therapy services directly by or under arrangements with an organization must be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which they perform the functions or actions, and must act only within the scope of their State license or State certification or registration.

The occupational therapist must be present or readily available to supervise an occupational therapist assistant for prescribed supervised CPT modalities that do not require direct (one-on-one), patient contact by the licensed therapist.

H. Services for individuals with speech, hearing, and language disorders.

Services: as regulated under 42 CFR §440.110(c) and other applicable state and federal law or regulation.

Speech and language pathology services are those services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders with or without the presence of a communication disability. The services must be of such a level of complexity and sophistication or the condition of the patient must be such that the services required can be safely and effectively performed only by a qualified therapist.

The practice of audiology consists of rendering services for the measurement, testing, appraisal, prediction, consultation, counseling, research or treatment of hearing and hearing impairment for the purpose of modifying disorders in communication involving speech, language and hearing. Audiology services must be performed by a certified and licensed audiologist. Treatment services such as:

- a. Speech and language evaluations and diagnosis of delay and/or disabilities to include voice, communication, fluency, articulation, or language development;
- b. Individual or group therapy;
- c. Audiological evaluation and diagnosis to determine the presence or extent of hearing impairments that affect the recipient's educational performance;
- d. Complete hearing and/or hearing aid evaluation, hearing aid fittings or re-evaluations, and audiograms.

Provider Qualifications:

Speech and language pathologist's are required to have a State license or State certification or registration and have a certificate of clinical competence from the American Speech and Hearing Association (ASHA); have completed the equivalent educational requirements and work experience necessary for the certificate; or has completed the academic program and is acquiring supervised work experience to qualify for the certificate;

A qualified audiologist has a master's or doctoral degree in audiology which meets State licensure requirements. Per NRS 637B.160 they are licensed by the Board of Examiners for Audiology and Speech Pathology.

I. Medical supplies, equipment, and appliance services furnished in the school environment.

Services: As regulated under 42 CFR §440.70 and other applicable state and federal law or regulation.

Durable Medical Equipment (DME) is defined as equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and is appropriate for use in the home.

Disposable medical supplies are those items which are not reusable, and are primarily and customarily used to serve a medical purpose, and generally are not useful to a person in the absence of an illness or injury.

Service limitations:

Nevada Medicaid covers standard medical equipment that meets the basic medical need of the recipient. Deluxe equipment will not be authorized when it is determined a standard model will meet the basic medical needs of the recipient. Items classified as educational or rehabilitative by nature are not covered under this benefit. The DME provider is required to have documentation of physician's orders prior to the dispensing of any equipment or supplies.

Prior authorization and service limitations are applicable for some equipment and supplies. Specific limitations can be found in Chapter 1300 of the Medicaid Services Manual.

Provider Qualifications:

Providers dispensing durable medical equipment and medical supplies must be licensed with Medical Device Equipment and Gas through the Nevada Board of Pharmacy and be enrolled as a provider with the Division of Health Care Financing and Policy (DHCFP). Local Education Agency providers may dispense audiological supplies/equipment and medical supplies by their qualified practitioners acting within the scope of practice under state law.

- 4.c. Family planning services are not covered for individuals whose age or physical condition precludes reproduction. Tubal ligations and vasectomies to permanently prevent conception are not covered for anyone under the age of 21 who is adjudged mentally incompetent or who is institutionalized.
- 5.a. Podiatrists' services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.

Reserved

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1b

4. EPSDT and Family Planning

I. Early and periodic screening, diagnosis and treatment (EPSDT) services will be reimbursed the lower of a) billed charge, or b) fixed fee per unit as indicated for specific services listed elsewhere in this attachment.

- A. School Based Child Health Services (SBCHS) delivered by school districts and provided to children with disabilities in accordance with the Individuals with Disabilities Act (IDEA). Services include:
1. Physician's services,
 2. Physician's assistant services,
 3. Nursing services including registered nurses, licensed practical nurses and advanced nurse practitioners,
 4. Psychological services,
 5. Physical therapy services,
 6. Speech therapy, language disorders and audiology services,
 7. Occupational therapy services, and
 8. Medical supplies, equipment and appliance services – Assistive Communication Devices, audiological supplies and other Durable Medical Equipment (DME).

B. SBCHS – Reimbursement Methodology

SBCHS described in Attachment 3.1-A, Page 2a-2h of the Nevada State Plan and provided by an enrolled school district are reimbursed the lower of: a) billed charges; or b) a fixed fee schedule.

A fixed fee schedule: as indicated for specific services listed elsewhere in this attachment e.g., psychologist services, nursing services, and therapy services. All rates are published on the agency's website: <http://www.dhcfp.state.nv.us>.

The Agency's rates are set as of July 1, 2009 and are effective for services on or after July 1, 2009.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of SBCHS and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website: <http://dhcfp.state.nv.us>.

II. Family planning services and supplies: as indicated for specific services listed elsewhere in this attachment, e.g., physician services, prescribed drugs.

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