



Florida Medicaid

Medicaid School Based Services Coverage Policy

Agency for Health Care Administration



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1.0 Introduction

1.1 Description

Florida Medicaid provides nursing services, medication administration, social work services, and therapy services rendered in a school setting by school districts, charter, and private schools.

1.1.1 Florida Medicaid Policies

This policy is intended for use by school districts and charter and private school providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://b.ahca.myflorida.com/Medicaid/review/index.shtml>.

1.1.2 Statewide Medicaid Managed Care Plans

This is not a covered service in the Statewide Medicaid Managed Care program.

1.2 Legal Authority

Florida Medicaid school based services are authorized by the following:

- Title XIX of the Social Security Act
- Sections 409.9071, 409.9072, and 409.908, Florida Statutes (F.S.)
- Rule 59G-4.035, F.A.C.

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

1.3.1 Charter Schools

As defined in Chapter 1002, Part III, section 1002.33, F.S.

1.3.2 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.3.3 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.3.4 District

As defined in Chapter 1001, Part II, F.S.

1.3.5 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.3.6 Individual Educational Plan (IEP)

As defined in Title 34, Code of Federal Regulations (CFR), sections 300.320 through 300.324 (34 CFR 300.320-300.324).

1.3.7 Individual Family Support Plan (IFSP)

As defined in the federal Individuals with Disabilities Act (IDEA), Part C.

1.3.8 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.3.9 Medication Administration

Time spent preparing medication for administration, documentation, and the administration of medication.

1.3.10 Private Schools

As defined in Chapter 1002, F.S.

1.3.11 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.3.12 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid.

2.0 Eligible Recipient

2.1 General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive

Florida Medicaid recipients under the age of 21 years, who are enrolled in a public, private, or charter school, requiring medically necessary school based services.

Some services may be subject to additional coverage criteria as specified in section 4.0.

2.3 Coinsurance and Copayments

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's General Policies on copayment and coinsurance.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid school based services.

3.2 Who Can Provide

Services must be rendered by employees or contractors of public school districts, charter, or private schools, who meet one of the following:

- Behavior assistants (must be credentialed as a registered behavior technician before January 1, 2019)
- Board certified assistant behavior analysts (BCaBA) credentialed by the Behavior Analyst Certification Board
- Individuals who are accumulating the requisite hours for licensure under Chapter 490, F.S. with a master's, specialist's, or higher degree
- Individuals who are accumulating the requisite hours for Department of Education (DOE) certification, if services are rendered under the supervision of a licensed psychologist, school psychologist, or DOE certified school psychologist
- Lead analysts who are one of the following:
 - Behavioral analyst (BCBA) credentialed by the Behavioral Analyst Certification Board

- Florida certified behavior analyst (FL-CBA) credentialed by the Behavior Analyst Certification Board
- Practitioner licensed in accordance with Chapter 490 and 491, F.S., with training and expertise in the field of behavior analysis
- Licensed practical nurses practicing in accordance Chapter 464, F.S.
- Marriage and family therapists licensed in accordance with Chapter 491, F.S.
- Mental health counselors licensed in accordance with Chapter 491, F.S.
- Occupational therapists or occupational therapy assistants licensed in accordance with Chapter 468, F.S.
- Occupational therapists temporarily licensed in accordance with Chapter 468, F.S., if services are rendered under the supervision of a licensed occupational therapist
- Psychologists licensed in accordance with Chapter 490, F.S. or certified by DOE as a temporary certified school psychologist or as a certified school psychologist
- School counselors certified in accordance with Chapter 1012, F.S.
- School health aides working under the supervision of an Registered Nurse, in accordance with Chapter 464, F.S., and who have completed all of the following trainings:
 - Cardiopulmonary resuscitation (CPR)
 - First aid
 - Medication administration
 - Patient specific training
- Social workers licensed in accordance with Chapter 491, F.S. who have one of the following:
 - Certification by DOE as a social worker with a master’s level degree or higher in social work
 - Graduate of a college or university with a master’s degree or higher and working under the supervision of a licensed clinical social worker (or the equivalent as defined in Chapter 491, F.S.) in order to obtain the work experience necessary for licensure
- Speech-language pathologists or speech-language pathology assistants licensed in accordance with Chapter 468, F.S. or certified by DOE and who meet the requirements specified under 42 CFR 440.110

Providers rendering services for private or charter schools must be enrolled as Florida Medicaid providers in accordance with section 409.9072, F.S.

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

4.2.1 Behavioral Services

Florida Medicaid covers the following:

- Assessments
- Behavioral analysis
- Consulting and care coordination
- Evaluations
- Individual and group therapy counseling

Florida Medicaid covers group therapy that includes at least two, but no more than ten, participants.

Groups may include individuals who are not Florida Medicaid eligible.

4.2.2 Nursing Services

Florida Medicaid covers the following when recommended by a physician:

- Administration of medication
- Assessment and treatment or intervention
- Consultation and care coordination
- Evaluations
- Individual and group therapy

4.2.3 Screening Services

Florida Medicaid covers the following school based screening services for recipients who are also receiving Florida Medicaid private duty nursing services:

- Dental
- Growth and development
- Hearing
- Scoliosis
- Vision

4.2.4 Therapy Services

Florida Medicaid covers evaluation and treatment services for the following services to develop, improve, or restore a recipient's functional abilities:

- Occupational therapy (OT)
- Physical therapy (PT)
- Speech-language pathology services

Florida Medicaid covers OT and PT group therapy that includes at least two, but no more than, four participants. Speech-language pathology group therapy services may include up to eight participants.

Groups may include individuals who are not Florida Medicaid eligible.

4.2.5 Transportation

Florida Medicaid covers up to four one-way trips per day, per recipient, to access a Florida Medicaid service.

4.2.6 Casting or Strapping

Florida Medicaid covers casting or strapping when the service is rendered by a licensed occupational or physical therapist.

4.2.7 Wheelchair Evaluations and Fittings

Florida Medicaid covers an initial evaluation, and reevaluation when the wheelchair is delivered, by a licensed occupational or physical therapist.

The provider who performed the initial wheelchair evaluation must meet both of the following:

- Be available to the durable medical equipment provider who is supplying the wheelchair
- Perform the follow-up evaluation to make proper adjustment and fit the chair to the recipient

The follow-up evaluation must contain the description of adjustments and fittings.

4.2.8 Augmentative and Alternative Communication (AAC)

Florida Medicaid covers the following for recipients with the physical, cognitive, and language abilities necessary to use an AAC system:

- Adjustments
- A trial period
- Evaluations
- Fittings
- Training

The initial evaluation must be performed by one of the following:

- Licensed or provisionally-licensed speech-language pathologists
- Speech-language pathologists who meet one of the following:
 - Department of Education certification as a Speech-Language Impaired-Professional
 - American Speech and Hearing Association (ASHA) Certificate of Clinical Competence (CCC), membership card, or certificate holder card
 - Master’s degree in speech-language pathology (such as “Communication Disorders”)
- Licensed physical therapists
- Licensed occupational therapists

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid’s General Policies on authorization requirements.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider’s service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Nursing services provided to a group
- Nursing services provided to a recipient on the same date of service as Florida Medicaid private duty nursing services
- Travel time to and from the school campus, unless services are rendered during travel

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's General Policies on recordkeeping and documentation.

6.2 Specific Criteria

Providers must maintain a plan of care (POC) in the recipient's file. The POC must include all of the following:

- Achievable, measurable, time-related goals
- Description of the student's medical condition
- Group or individual therapy
- Short and long-term therapeutic goals and objectives
- Therapy to be provided
- Treatment frequency, length, and duration
- Therapeutic methods and monitoring criteria
- Therapist's signature and date

The recipient's IEP, IFSP, or other health care or behavioral plan may be used in lieu of the POC, if the document contains the required components as described.

6.2.1 Behavioral Services

Documentation for behavioral services rendered by a school counselor must be signed by one of the following:

- Master's level social worker
- Psychologist
- School psychologist

6.2.2 Wheelchair Evaluation Report

The initial wheelchair evaluation report must include all of the following:

- Recipient's name
- Identification of the recipient's physical conditions that make provision of a wheelchair reasonable and medically necessary
- If an electric wheelchair is recommended, justification of its appropriateness based on the recipient's capacity and medical condition
- Justification of all accessories and add-on components based on the recipient's medical needs, including:
 - An explanation of the medical or health-related purpose for each accessory or add-on component
 - The medical consequences of omitting the item
 - Why the physical disability of the recipient justifies the inclusion of the item

The wheelchair follow-up evaluation report must include all of the following:

- Recipient's name
- Description of adjustments and fittings made

The physical therapist must complete, sign, credential, and date the report.

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

7.2 Specific Criteria

There are no specific authorization criteria for this service.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Specific Criteria

Providers must certify quarterly that non-federal education funds covered the state's share for services rendered under the Florida Medicaid program.

8.3 Claim Type

Professional (837P/CMS-1500)

8.4 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

8.5 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.6 Rate

For a schedule of rates incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

9.0 Appendix

9.1 Agreement for Assuring that School District Behavioral Health Providers are Credentialed

9.2 Agreement for Assuring that School Nursing Services Providers are Credentialed

9.3 Agreement for Assuring that School District Therapy Services Providers are Credentialed

APPENDIX 9.1

**AGREEMENT FOR ASSURING THAT SCHOOL DISTRICT
BEHAVIORAL HEALTH PROVIDERS ARE CREDENTIALLED**
(Bachelor's Degree Certified Behavior Analysts, Bachelor's Degree
Level Social Workers Certified Associate Behavior Analysts,
Certified Behavior Analysts, School Counselors, Marriage and
Family Therapists, Mental Health Counselors, Provisionally
Licensed and Board Registered Interns – Marriage and Family
Therapists, Mental Health Counselors, Psychologists, and Social
Workers)

The _____ provider acknowledges that Florida Medicaid will cover services rendered to recipients by employees or contracted staff who meet Florida Medicaid credentialing requirements, as follows:

Bachelor's Degree Level Certified Behavior Analysts

The individual(s) must be certified by the Department of Children and Families (DCF) and must render services under the general supervision of a certified behavior analyst with a master's level degree.

Bachelor's Degree Level Social Workers

The individual(s) must be certified by the Department of Education (DOE) as a social worker with a bachelor's level degree in social work and must render services under the supervision (as defined by DOE) of a licensed or DOE certified master's level degree social worker.

Certified Associate Behavior Analysts

The individual(s) must be certified by DCF and must render services under the general supervision of a certified behavior analyst with a master's level degree.

Certified Behavior Analysts:

Certification by DCF with a master's level degree. All services billed to Medicaid must be within the validity period of the individual's certification.

School Counselors

The individual(s) must be DOE certified as a guidance counselor and must have a master's level degree or higher.

Marriage and Family Therapists

The individual(s) must be currently licensed as a marriage and family therapist under Chapter 491, F.S.

Mental Health Counselors

The individual(s) must be currently licensed as a mental health counselor under Chapter 491, F.S.

Mental Health Counselors and Marriage and Family Therapists who are Provisionally Licensed or Board Registered Interns

The individual(s) must hold a provisional license or board registration as an intern under Chapter 491, F.S. and must render services under the supervision of a licensed mental health counselor or marriage and family therapist.

Psychologists/School Psychologists must meet one of the following:

- Current licensure as a psychologist or school psychologist under Chapter 490, F.S.
- Certification by the Department of Education (DOE) as a certified school psychologist
- Hold a master's, specialist's, or higher degree accumulating the experience for licensure under Chapter 490, F.S., or for DOE certification if services are rendered under the general supervision of a licensed psychologist, school psychologist, or DOE certified school psychologist

Social Workers must meet one of the following:

- Current licensure as a clinical social worker under Chapter 491, F.S.
- Certification by DOE as a social worker with a master's level degree or higher in social work
- Graduate of a college or university with a master's degree or higher and working under the supervision of a licensed clinical social worker (or the equivalent as defined in Chapter 491, F.S., in order to obtain the work experience necessary for licensure)

All services billed to Medicaid must be within the validity period of the individual's license or certification, as applicable.

The provider agrees that each employed or contracted staff member providing health-related services who meets Medicaid credentialing requirements has also been fingerprinted and has received a criminal background check in accordance with DOE rules and guidelines.

The provider agrees that Medicaid claims paid for services rendered by staff not meeting Medicaid credentialing requirements will be subject to recoupment.

The effective date of this agreement will be the date of the signature of the last party signing the agreement.

Director

Date

_____ County School District/School

Deputy Secretary for Medicaid

Date

APPENDIX 9.2

**AGREEMENT FOR ASSURING THAT SCHOOL DISTRICT
NURSING SERVICES PROVIDERS ARE CREDENTIALLED
(Registered Nurses, Licensed Practical Nurses, School Health Aides)**

The _____ provider acknowledges that Florida Medicaid will cover services rendered to recipients by employees or contracted staff who meet Florida Medicaid credentialing requirements, as follows:

Registered Nurses:

Current licensure as a registered nurse under Chapter 464, Florida Statutes (F.S.).

Licensed Practical Nurses:

Current licensure as a practical nurse under Chapter 464, Florida Statutes (F.S.). All services must be rendered under the direction of a licensed registered nurse, pursuant to sections 464.001-464.027, F.S.

School Health Aides

Florida Medicaid requires aides to satisfactorily complete all of the following courses/training:

- Cardiopulmonary resuscitation
- First aid
- Medication administration
- Patient specific training

The provider agrees that each employed or contracted staff member providing health-related services who meets Medicaid credentialing requirements has also been fingerprinted and has received a criminal background check in accordance with Department of Education rules and guidelines.

Further, the provider agrees that pertinent Florida Medicaid coverage policies and all other Medicaid policy informational material such as remittance voucher banner page messages, provider letters, and bulletins will be supplied to employed or contracted staff providing health-related services so that they are informed of Medicaid service and recordkeeping policies.

The provider agrees that Medicaid claims paid for services rendered by staff not meeting Medicaid credentialing requirements will be subject to recoupment.

The effective date of this agreement will be the date of the signature of the last party signing the agreement.

ESE Director

Date

_____ County School District

Deputy Secretary for Medicaid

Date

AHCA Form 5000-_____, _____ (incorporated by reference in Rule 59G-4.035, F.A.C.)

APPENDIX 9.3

**AGREEMENT FOR ASSURING THAT SCHOOL DISTRICT
THERAPY SERVICES PROVIDERS ARE CREDENTIALLED**
(Physical Therapists, Physical Therapist Assistants, Occupational
Therapists, Occupational Therapy Assistants, Speech-Language
Pathologists, Speech-Language Pathology Assistants)

The _____ provider acknowledges that Florida Medicaid will cover services rendered to recipients by employees or contracted staff who meet Florida Medicaid credentialing requirements, as follows:

Physical Therapists:

Current licensure from the Florida Board of Physical Therapy.

Physical Therapist Assistants:

Current licensure from the Florida Board of Physical Therapy rendering services under the general supervision of a licensed physical therapist, as required in Rule 59G-4.058, F.A.C.

Occupational Therapists:

Current licensure from the Florida Occupational Therapy Council.

Occupational Therapy Assistants:

Current licensure from the Florida Occupational Therapy Council, Division of Occupational Therapy Assistants rendering services under the general supervision of a licensed occupational therapist, as required in Rule 59G-4.058, F.A.C.

Speech-Language Pathologists:

Providers must meet the requirements in Title 42, Code of Federal Regulations (CFR), section 440.110, via one of the following:

Licensure from the Florida Board of Speech-Language Pathology and Audiology

Certification from the Department of Education (DOE) in the area of Speech-Language Impaired, containing the words "Speech-Language Impaired-Professional"

A Certificate of Clinical Competence (CCC) from the American Speech and Hearing Association (ASHA)

An ASHA membership card stating "Certified Member" or "Certificate Holder"

A master's level degree in speech-language pathology

Speech-Language Pathology Assistants:

Certification from the Florida Board of Speech-Language Pathology and Audiology.

All services billed to Medicaid must be within the validity or certification period on an individual's license or certification respectively, as applicable.

The school district agrees that each employed or contracted staff member providing health-related services who meets Medicaid credentialing requirements has also been fingerprinted and has received a criminal background check in accordance with DOE rules and guidelines.

Further, the school district agrees that pertinent Medicaid provider handbooks and all other Medicaid policy informational material such as remittance voucher banner page messages, provider letters and bulletins will be supplied to employed or contracted staff providing health-related services so that they are informed of Medicaid service and recordkeeping policies.

AHCA Form 5000-_____, _____ (incorporated by reference in Rule 59G-4.035, F.A.C.)

Florida Medicaid
School Based Services Coverage Policy

The provider agrees that Medicaid claims paid for services rendered by staff not meeting Medicaid credentialing requirements will be subject to recoupment.

The effective date of this agreement will be the date of the signature of the last party signing the agreement.

Director

Date

_____ County School District/School

Deputy Secretary for Medicaid

Date