



# Florida Medicaid

County Health Department

~~Certified Match Program~~ ~~School Based~~ ~~Certified~~  
~~Match Program~~ ~~Services~~ Coverage Policy

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Agency for Health Care Administration

2018



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## 1.0 Introduction

~~The Florida Medicaid County Health Department (CHD) School Board program provides nursing services, medication administration, and social work services provided in provides nursing services, medication administration, and social work services in a school-based certified match program setting rendered by a county health department (CHD) a school setting by a county health department.~~

### 1.1 Florida Medicaid Policies

This policy is intended for use by CHD providers that render ~~CHD school board based certified match~~ 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://ahca.myflorida.com/Medicaid/review/index.shtml>~~http://ahca.myflorida.com/Medicaid/review/index.shtml~~.

### 1.2 Statewide Medicaid Managed Care Plans

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

### 1.3 Legal Authority

Florida Medicaid CHD ~~school board program based certified match~~ services are authorized by the following:

- Title XIX of the Social Security Act (~~SSA~~)
- Title 42, Code of Federal Regulations (CFR), section 440.130
- Section 409.9071, Florida Statutes (F.S.)

### 1.4 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.

#### 1.4.1 Charter Schools

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

#### 1.4.2 Claim Reimbursement Policy

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

#### 1.4.3 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.

#### ~~1.4.4 District~~

~~As defined in Chapter 1001.304, Part II, F.S.~~

#### ~~1.4.4.1.4.5 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.~~

#### ~~1.4.5 Individual Educational Plan (IEP)~~

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

~~1.4.7 Individual Family Support Plan (IFSP)~~

~~1.4.8 As defined in the federal Individuals with Disabilities Act (IDEA) Part C.~~

~~1.4.9~~ **1.4.6 Medically Necessary/Medical Necessity**

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

~~1.4.10~~

~~1.4.11~~ **1.4.7 Medication Administration**

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

~~1.4.12~~ **1.4.8 Private Schools**

As defined in Chapter 1002.01, F.S.

~~1.4.13~~ **1.4.9 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.

~~that has been approved for enrollment or registered with Florida Medicaid.~~

**1.4.10 Recipient**

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

~~1.3.1~~ **School Districts**

~~As defined in Chapter 1001, F.S.~~

## 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 ~~CHD school based certified match~~ services, who are:

- ~~• Under the age of 21 years~~
- ~~• Enrolled in public, private, or charter school~~

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

### 2.3 Coinsurance and Copayment

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 Copayments and Coinsurance Policy.

### 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 CHD ~~Certified Match program~~ ~~school-based~~ ~~certified match~~ -services.

#### 3.2 Who Can Provide

Services must be rendered by one of the following: ~~individuals employed by the County Health Department~~

##### ~~3.2.1 Provider Requirements~~

~~Services must be rendered by one of the following:~~

- ~~Advanced practice registered nurses (APRN) who are enrolled in Florida Medicaid, licensed in accordance with Chapter 464, F.S., and working within the scope of their practice~~
- ~~Graduates of a college or university with a master's degree or higher, who meet Florida Medicaid credentialing requirements and work 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~~
- ~~Licensed practical nurses (LPN) who are enrolled in Florida Medicaid, licensed in accordance with Chapter 464, F.S., and work under the supervision of an APRN or registered nurse (RN)~~
- ~~Registered nurses who are enrolled in Florida Medicaid, licensed in accordance with Chapter 464, F.S., and working within the scope of their practice.~~

~~Social workers licensed in accordance with Chapter 491, F.S., who meet Florida Medicaid credentialing requirements (CHDs must submit the County Health Department Agreement-Credentialed Behavioral Health Providers, AHCA Form \_\_\_\_\_, \_\_\_\_\_, incorporated by reference)~~

~~Individual providers rendering CHD ~~school-based~~ ~~certified match~~ -services for private or charter schools must be enrolled as Florida Medicaid providers in accordance with section 409.9072, F.S.~~

~~All nurses must be enrolled in the Medicaid program as treating providers.~~

### 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

Florida Medicaid covers up to 32 units (~~1 unit = 15 minutes~~) per day, per recipient, in accordance with the applicable Florida Medicaid fee schedule, or as specified in this policy for the following:

- ~~Individual and group social work services~~
- ~~Nursing services~~

##### ~~4.2.1 Nursing Services and Medication Administration~~

##### ~~4.2.1~~

~~Florida Medicaid covers the following when recommended by a physician:~~

- Administration of medication
- Consultation and care coordination
- Crisis intervention (e.g., life-threatening accidents or situations)
- Emergency health care (e.g., treatment of minor wounds)
- Health care monitoring and management, ~~which includes~~ esing treatment of chronic and acute ~~problems diagnosis~~
- Health Screenings~~screenings, including:~~
  - Dental
  - Growth and development
  - Hearing
  - Scoliosis
  - Vision
- Student health training and counseling

**4.2.2 Social Work Services**

Florida Medicaid covers the following when recommended by a physician:

- Assessments
- Consultation, and care coordination, and referral services
- Evaluations and assessments
- Individual and group therapy (minimum of two recipients but not exceeding a maximum of 6)therapy

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

- Groups may include individuals who are not Medicaid eligible.~~Referrals~~

~~Florida Medicaid covers the following CHD school board screening services for recipients who receive private duty nursing services from a home health agency:~~

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

Medicaid reimbursement for all billable nursing services provided on the same day by a home health agency and by a county health department under the CHD program may be billed by both providers if services are not provided at the same time to a Medicaid-enrolled student.

**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 Authorization Requirements Policy.

## 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 these services provided by-by a home health agency
- Travel time to and off 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 Recordkeeping and Documentation Requirements Policy.

### 6.2 Specific Criteria

~~6.2 There is no coverage-specific documentation requirement for this service.~~

~~Providers must document the following in the recipient's file when applicable:~~

- ~~• Dosage~~
- ~~• Medication~~
- ~~• Recommending/prescribing physician or licensed practitioner~~
- ~~• Rendering provider~~
- ~~• Specific treatment being rendered and group size~~
- ~~• Treatment frequency, length, and duration~~

## 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 Authorization Requirements Policy.

### 7.2 Specific Criteria

~~There are no specific authorization criteria for this service.~~

~~here are no authorization requirements for CHD-certified school match services.~~

## 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 submit the Quarterly Certification of State Expenditures by County Health Department's, AHCA FORM 5000-4058, August 2018, incorporated by reference, to AHCA quarterly during the state fiscal year.

**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>~~http://ahca.myflorida.com/Medicaid/review/index.shtml~~





**9.0 Appendix**

**9.1 Quarterly Certification of State Expenditures**

**~~9.2 Agreement Credentialed Behavioral Health Providers~~**

9.1

## Quarterly Certification of State Expenditures By County Health Departments

**Agency for Health Care Administration  
Medicaid Program Finance  
2727 Mahan Drive, Mail Stop 21  
Tallahassee, Florida 32308  
Attn: County Health Department (CHD) Match Program**

I am financial officer of the \_\_\_\_\_ Health Department, and am charged  
*(Name of County)*  
with the duties of supervising the administration of the provision and billing for services provided  
under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that the  
CHD's state share of public, non-federal funds needed to match the federal share of medical  
claims billed to the state Medicaid agency for services provided has been expended for  
Medicaid-enrolled students during the \_\_\_\_\_ quarter of \_\_\_\_\_.  
*(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) (Year)*

I also certify that the certified expenditures were incurred in accordance with [the](#) provisions of  
[Florida's Florida Medicaid](#) policies for the services [rendered](#).

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

AHCA Form ~~5000~~ 4058, ~~August 2018~~ (incorporated by reference in Rule 59G-4.058, F.A.C.)

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9.2

## ~~County Health Department Agreement Credentialed Behavioral Health Providers~~

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~~The \_\_\_\_\_ county health department acknowledges that Florida Medicaid will cover covers services rendered to recipients by employees or contracted staff who meet Florida Medicaid credentialing requirements, as follows:~~

~~Behavioral health providers must meet at least one of the following:~~

- ~~• Current licensure as a clinical social worker under Chapter 491, Florida Statutes (F.S.)~~
- ~~• Graduate of a college or university with a master's degree or higher, 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 claims billed submitted to Florida Medicaid for reimbursement must be for services rendered within the validity period of the individual's provider's license or certification.~~

~~The county health department agrees that each employed or contracted staff member providing health-related services to recipients who meets Medicaid credentialing requirements has also been fingerprinted and has received a criminal background check in accordance with the Florida Department of Health rules and guidelines.~~

~~Further, the county health department 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 employees or contracted staff providing health-related services to recipients, so that they are informed of Medicaid service and record keeping policies.~~

~~The county health department 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 Health Department

~~AHCA Form \_\_\_\_\_, \_\_\_\_\_ ( 5000 \_\_\_\_\_, \_\_\_\_\_ (incorporated by reference in Rule 59G-4.058,  
F.A.C.)~~