



# Florida Medicaid

County Health Department  
Certified Match Program Coverage Policy

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**Agency for Health Care Administration**

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## 1.0 Introduction

Florida Medicaid provides nursing services, medication administration, and social work services in a certified match program setting rendered by a county health department (CHD).

### 1.1 Florida Medicaid Policies

This policy is intended for use by CHD providers that render certified match program 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>.

### 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 certified match program services are authorized by the following:

- Title XIX of the Social Security Act
- 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 1001.30, Part II, F.S.

#### 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.

#### 1.4.6 Medically Necessary/Medical Necessity

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

#### 1.4.7 Medication Administration

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

#### 1.4.8 Private Schools

As defined in Chapter 1002.01, F.S.

**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.

**1.4.10 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 certified match program services. 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 services.

### **3.2 Who Can Provide**

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.

Individual providers rendering CHD certified match program 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**

Florida Medicaid covers up to 32 units per day, per recipient, in accordance with the applicable Florida Medicaid fee schedule, or as specified in this policy:

##### **4.2.1 Nursing Services**

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, including treatment of chronic and acute diagnosis
- Health 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:

- Consultation, care coordination, and referral services
- Evaluations and assessments
- Individual and group 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.

#### **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 services provided by a home health agency
- 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 Recordkeeping and Documentation Requirements Policy.

### 6.2 Specific Criteria

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

## 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.

## 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 Departments, 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>.

## 9.0 Appendix

### 9.1 Quarterly Certification of State Expenditures

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 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.)