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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.


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.
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:
Florida Medicaid
County Health Department Certified Match Program Coverage Policy

- 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

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 __________.

(1st, 2nd, 3rd, 4th)   (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.)