

Medicaid Certified School Match Program: Behavioral Services

Background

In 1988, Congress passed Section 411(k)(13) of the Medicare Catastrophic Coverage Act to ensure that Medicaid would cover medically necessary, health-related services provided to a child under the Individuals with Disabilities Education Act (IDEA) and specified in a child’s individual educational plan (IEP) or family support plan. The intent of Congress was to enable Medicaid and IDEA to be used together to meet the educational and health-related needs of children with disabilities. Some services on a student’s IEP or family support plan are educationally relevant and are also medically necessary and thereby reimbursable by Medicaid.

The 1995 Florida Legislature provided authorization, with revisions made in 1997 (sections 236.0812, 409.9071, 409.908, 409.9122, and 409.9126, Florida Statutes), to the Florida Agency for Health Care Administration (AHCA) and the Florida Department of Education (DOE) to develop a category of school-based services termed the Medicaid Certified School Match Program to reimburse school districts for services provided to Medicaid-eligible students who qualify for services under IDEA, Part B or C. Under the Medicaid Certified School Match Program, school districts are reimbursed for the federal portion, or approximately 56 percent, of the Medicaid-established reimbursement fee for medically necessary services covered under the program. Only school districts may enroll as providers and receive reimbursement under the Medicaid Certified School Match Program.

Since the enactment of the legislation, DOE has been working with AHCA and school district staff to define the direct services that will be reimbursable to school districts. This process has included determining provider qualifications, documentation requirements, and reimbursement procedures. The reimbursable services are

- speech/language therapy (S/L)—group and individual services
- physical therapy (PT)—group and individual services
- occupational therapy (OT)—group and individual services
- behavioral services—group and individual services
- nursing services (including medication administration)
- transportation services

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TECHNICAL ASSISTANCE PAPERS are produced periodically by the Bureau of Instructional Support and Community Services to present discussion of current topics. The TA Papers may be used for inservice sessions, technical assistance visits, parent organization meetings, or interdisciplinary discussion groups. Topics are identified by state steering committees, district personnel, and individuals, or from program compliance monitoring.

The legislation also allows school districts to be reimbursed by Medicaid for administrative outreach activities, which are not considered to be direct services.

Note: Refer to Technical Assistance Paper FY 1999-8, “Medicaid School Match Program: Speech-Language, Physical, and Occupational Therapy,” for questions and answers regarding Medicaid-reimbursable therapy services. Refer to Technical Assistance Paper FY 2001-12, “Medicaid Certified School Match Program: Nursing Services,” for questions and answers regarding Medicaid-reimbursable nursing services.

The *Medicaid Certified School Match Program Coverage and Limitations Handbook* details allowable services, requirements, and procedures. School districts should be aware that Medicaid policies are subject to change. **It is important that school districts maintain and distribute to appropriate staff the most current handbook information.** The handbook can be found at <http://floridamedicaid.consultec-inc.com>. Medicaid requires that chapter one (General Requirements) and the service-specific chapters of the handbook are disseminated to school district staff providing Medicaid-reimbursable services. Chapter six is specific to behavioral services. Other chapters in the handbook detail policies relating to transportation, therapy services, and nursing services.

In each geographic region, there is an area Medicaid office that employs a person assigned to assist school districts in the implementation of the program. School districts can obtain current policy information from these area Medicaid school services representatives. A list of the area Medicaid school services representatives is attached (appendix A).

It is recommended that school districts develop and implement a plan for inservice training and regular communication to ensure all appropriate district and school staff are informed of all policies and procedures associated with the Medicaid Certified School Match Program. The area Medicaid school services representatives are available to assist in conducting this training and may also assist with the development of training materials.

This technical assistance paper deals specifically with the Medicaid-reimbursable behavioral services covered under the Medicaid Certified School Match Program. The following questions and answers, along with the attached sample documentation form (appendix B), will assist school districts in following procedures and maintaining accurate records that meet all Medicaid documentation requirements.

Questions and Answers

General

1. When is a student eligible for the Medicaid Certified School Match Program?

According to policy stated in the *Medicaid Certified School Match Program Coverage and Limitations Handbook*, to be eligible for the program a student must

- be Medicaid-eligible on the date the service is rendered for which reimbursement is sought
- be under the age of 21 years
- be considered disabled under State of Florida Board of Education Rule definition
- be entitled to receive school district services under the Individuals with Disabilities Education Act (IDEA), Part B or Part C
- have Medicaid-reimbursable services referenced in his or her individual educational plan (IEP) or family support plan (see questions #13 and #15)
- have Medicaid-reimbursable services recommended by a qualified Medicaid provider (see question #14)

2. What behavioral services provided by school districts are reimbursable by Medicaid?

Medicaid-reimbursable behavioral services, as defined by AHCA, include but are not limited to the following services provided to a student or on behalf of a student:

- testing, assessments, and evaluations that appraise cognitive, developmental, emotional, social, and adaptive functioning (see note)
- interviews, behavioral evaluations, and functional assessments, including interpretations of information about the student's behavior
- development of evaluative reports
- consultation and coordination; follow-up referrals with other health care staff, other entities/agencies, parents, teachers, and family during the IEP or family support plan development and review process, or at other times deemed appropriate by the school district staff performing behavioral services
- therapy and counseling
- behavioral analysis/assessment and treatment/intervention
- unscheduled activities for the purpose of resolving an immediate crisis situation

Note: Although not specifically defined by AHCA, assessments/evaluations include psychosocial assessments/evaluation.

For the above services to be reimbursed by Medicaid, the need for the services must be referenced in the IEP or family support plan. Services are billed in fifteen-minute units of service. See the *Medicaid Certified School Match Program Coverage and Limitations Handbook* for related policy information.

3. Will the type of behavioral services a school district provides to a student change when the school district enrolls in the Medicaid Certified School Match Program and begins billing Medicaid?

No. Behavioral services provided to a student should not change when the school district participates in the Medicaid program. Medicaid-reimbursable behavioral services are provided in accordance with needs identified during the IEP or family support plan meeting and subsequently identified on the student's IEP or family support plan. Participation in the Medicaid program reimburses the school district for medically related services identified in an IEP or family support plan and provided to a student. Medicaid reimbursement, like the matrix of services, is a funding mechanism. Although behavioral services provided to a student will not change due to participation in the Medicaid program, school district staff may need to change the manner in which they document the provision of services to comply with Medicaid requirements.

Providers

4. Who can provide Medicaid-reimbursable behavioral services?

Medicaid-reimbursable behavioral services can be provided by

- licensed school psychologists (including individuals accumulating experience for licensure under Chapter 490, Florida Statutes)
- certified school psychologists (see question #6)
- licensed psychologists
- licensed clinical social workers (including individuals accumulating experience for licensure under Chapter 491, Florida Statutes)
- certified school social workers (see note)
- certified behavior analysts (see note)
- certified associate behavior analysts (see note)
- licensed mental health counselors (see question #5)
- licensed marriage and family therapists (see question #5)
- certified guidance counselors

Credentialing requirements for each of the allowable behavioral service providers can be found in the *Medicaid Certified School Match Program Coverage and Limitations Handbook* or at <http://www.floridamedicaid.consultec-inc.com>.

Note: Certified school social workers with bachelor's degrees must work under the supervision of licensed or DOE-certified master's level social workers (see question #7). Certified associate behavior analysts and certified behavior analysts holding bachelor's degrees must work under the supervision of master's level certified behavior analysts (see question #8).

5. Are provisionally-licensed marriage and family therapists and mental health counselors and registered interns qualified to provide Medicaid-reimbursable services?

Yes. Provisionally-licensed marriage and family therapists and mental health counselors may provide Medicaid-reimbursable services when these services are rendered in accordance with section 491.0046, Florida Statutes. Marriage and family therapists and mental health counselors registered as interns may provide Medicaid-reimbursable services, when these services are rendered in accordance with section 491.0045, Florida Statutes.

6. Are school psychology interns qualified to provide Medicaid reimbursable services?

No. School psychology interns are not currently qualified to provide Medicaid-reimbursable services. However, as requested by DOE, AHCA will submit an amendment to the Medicaid State Plan to allow school psychology interns holding master's degrees in school psychology and accumulating the experience necessary for DOE certification to be eligible providers of Medicaid-reimbursable services.

7. What type and level of supervision is a school district required to provide to bachelor's level social workers?

Medicaid policy requires that behavioral services provided by bachelor's level social workers be rendered under the supervision of a master's level social worker. Medicaid does not specify the type or level of supervision provided to bachelor's level social workers. The type and level of supervision must be defined by the school district and should be clearly communicated to staff.

8. What type and level of supervision is a school district required to provide to certified associate behavior analysts and bachelor's level certified behavior analysts?

Medicaid policy requires that behavioral services provided by certified associate behavior analysts and certified behavior analysts who hold bachelor's degrees be rendered under the supervision of a master's level certified behavior analyst. Medicaid does not specify the type or level of supervision of these staff. The type and level of supervision must be defined by the school district and should be clearly communicated to staff.

Service and Documentation Requirements

9. What does Medicaid require to be in the student's record?

Medicaid requires that the student record contain a current IEP or family support plan indicating the need for behavioral services, a diagnosis statement or *International Classification of Diseases* (ICD-9) diagnosis code, test and assessment results, and documentation describing each behavioral service billed to Medicaid.

10. What is a diagnosis statement?

A diagnosis statement is a statement of the student's condition for which behavioral services are needed. Examples of diagnosis statements would be "autistic spectrum disorder" or "uncontrolled anger."

11. Is a diagnosis code necessary for billing Medicaid, and, if so, who determines the code?

Yes. The Federal Health Care Financing Administration (HCFA) requires that all state Medicaid agencies' claims include a diagnosis code and that the diagnosis be obtained from the provider of service. The staff should obtain the diagnosis either from the student's record (which could include information from the student's physician) or from the behavioral services provider.

When evaluations or assessments are performed, Medicaid allows school districts to use diagnosis code 315.9 in Medicaid-eligible students' records and on claims to Medicaid. The descriptor for 315.9 is "unspecified developmental delay." Use of diagnosis code 315.9 should be limited primarily for evaluations and assessments and may not be appropriate for treatments such as counseling, therapy, and behavioral interventions.

The diagnosis should be matched with a diagnosis code contained in the *International Classification of Diseases* (ICD-9) book. The school district can obtain information on purchasing the ICD-9 book from its area Medicaid office school services representative. As the ICD-9 books are costly, the Medicaid area office school services representatives have supplied copies of the mental health section (diagnosis codes in the 290-315 range) of the book to each school district.

12. Does Medicaid require the student's record to be kept in a specific location, and how long must the record be kept?

Medicaid has no requirements relating to the location of student records. However, state and federal education laws specify the requirements for the security and access of student records. For audit purposes, the school district should be aware of the location of all records containing documentation relating to services billed to Medicaid. Medicaid requires that records documenting services be kept for five (5) years.

13. How does a school district meet the Medicaid requirement for *referencing* the need for a Medicaid-reimbursable behavioral service on the IEP or family support plan?

The specific behavioral service must be identified (referenced) on the IEP or family support plan as a necessary service. This requirement may be accomplished by referencing the need for a Medicaid-reimbursable behavioral service within one of the following:

- the annual goals and short-term objectives section on the IEP or family support plan
- the related services section of the IEP or family support plan
- other areas of the IEP or family support plan as determined by the school district

14. How does a school district meet the Medicaid requirement for the *recommendation* for behavioral services?

Prior to the time a claim for a Medicaid-reimbursable behavioral service is submitted to Medicaid, a behavioral services provider must sign, credential/title, and date a recommendation for the behavioral service. This recommendation may be on one of the following:

- the IEP or family support plan, if the behavioral services provider was in attendance at the IEP or family support plan meeting
- an assessment/screening report, if the assessment/screening report includes a recommendation for behavioral services
- a separate document

15. May a statement such as “behavioral services needed” be written on an IEP to allow for Medicaid reimbursement in the event that unplanned behavioral services, such as crisis management, are rendered?

No, this statement alone may not be used. Although such a statement is allowable by Medicaid, DOE requires that the specific services be documented on the IEP or family support plan and include the frequency, duration, and location of these services. The service must be individualized and necessary to assist a child with a disability to benefit from special education as defined in section 300.24(a), Title 34, Code of Federal Regulations.

16. Can the time spent evaluating a student be reimbursed by Medicaid when the evaluation takes place prior to the development of the IEP or family support plan?

Yes. Time spent evaluating a student will be reimbursed by Medicaid if subsequently an IEP or family support plan is developed and if the need for the evaluation or behavioral service is referenced on the IEP or family support plan or the evaluation is filed with the IEP or family support plan. For example, if a psychological evaluation is performed prior to the IEP meeting and, as a result of the evaluation, the IEP team determines that no additional behavioral services are needed, the time spent performing the evaluation is reimbursable by Medicaid if the evaluation is filed with the IEP. However, if an evaluation is performed and an IEP or family support plan is not developed for the student, Medicaid will not reimburse the school district.

17. What are the required service documentation components for Medicaid-reimbursable testing, assessment, evaluation, and consultative/referral activities?

Medicaid requires that service documentation include the student's name; date of service; description of tests, assessments, or other evaluative methods such as interviews, observations and record reviews, or description of consultative or referral activities; length of time service was performed; and the signature and title/credential of the behavioral services provider providing the service. The signature must be dated.

The documentation components, including signature requirements and other clarification, can be found in chapter six of the *Medicaid Certified School Match Program Coverage and Limitations Handbook*. Appendix B of this TAP is an example of a service documentation form that meets all Medicaid documentation requirements.

18. What are the required service documentation components for Medicaid-reimbursable treatment (therapy and counseling) services?

Medicaid requires that each service entry of therapy and counseling sessions include the student's name; date of service; description of therapy or counseling session; description of the student's progress toward any established goals, if appropriate; length of time service was performed; and the signature and title/credential of the behavioral services provider providing the service. The signature must be dated.

The documentation components may be kept on a weekly basis as long as all components are documented. If documentation is kept on a weekly basis, it is permissible to simply initial each daily service entry as long as the weekly documentation is signed, titled, and dated once for the week.

The documentation components, including signature requirements and other additional clarification can be found in chapter six of the *Medicaid Certified School Match Program Coverage and Limitations Handbook*. Appendix B is an example of a service documentation form that meets all Medicaid documentation requirements.

19. Does Medicaid allow service documentation to be kept on logs?

Yes. Medicaid allows each service entry to be kept on logs if all documentation requirements are met. If a school district is using bubble sheets, they should be reviewed to assure all required documentation components are included. Documentation kept on logs must be signed, titled, and dated at least weekly with daily documentation initialed (or signed) by the behavioral services provider. For auditing purposes, the documentation must be individually retrievable.

Appendix A

Agency for Health Care Administration (AHCA) Area Medicaid School Services Representatives

Medicaid Area	Counties
<p>1—Marshall Wallace e-mail: wallacem@fdhc.state.fl.us 6425 Pensacola Blvd/Bldg. 2, Suite 1 Pensacola FL 32505 (850) 494-5840 (SC: 690-5840) ext. 128 1-800-303-2422 Fax: (850) 494-5843 (SC: 690-5843)</p>	<p>Escambia Okaloosa Santa Rosa Walton</p>
<p>2—Kay Henderson e-mail: hendersk@fdhc.state.fl.us 2003 Old St. Augustine Rd., Bldg. D Tallahassee, FL 32301-4883 (850) 921-8474 (SC: 291-8474) ext. 117 Fax: (850) 921-0394 (SC: 291-0394)</p>	<p>Bay Calhoun Franklin Gadsden Gulf Holmes Jackson</p> <p>Jefferson Leon Liberty Madison Taylor Wakulla Washington</p>
<p>3—John Bertholf e-mail: bertholj@fdhc.state.fl.us 14101 NW Highway 441 Alachua, FL 32615 (352) 955-5192 (SC: 625-5192) ext. 112 Fax: (352) 955-7164 (SC: 625-7164)</p>	<p>Alachua Bradford Citrus Columbia Dixie Gilchrist Hamilton Hernando</p> <p>Lafayette Lake Levy Marion Putnam Sumter Suwannee Union</p>
<p>4—Pat Kelly e-mail: kellyp@fdhc.state.fl.us 921 North Davis Street Building A, Suite 160 Jacksonville, FL 32209-6806 (904) 353-2100 (SC: 826-2100) ext. 125 Fax: (904) 353-2198 (SC 826-2198)</p>	<p>Baker Clay Duval Flagler Florida School for the Deaf and Blind Nassau St. Johns Volusia</p>

Area Medicaid School Services Representatives

Medicaid Area	Counties
<p>5—Mary Ann Hauckes e-mail: hauckesm@fdhc.state.fl.us 525 Mirror Lake Drive, Suite 510 St. Petersburg, FL 33701 (727) 552-1191 (SC: 513-1191) ext. 131 Fax: (727) 552-1216 (SC: 513-2124)</p>	<p>Pasco Pinellas</p>
<p>6—Harold Daniels e-mail: danielsh@fdhc.state.fl.us North Park Center 6800 North Dale Mabry Highway, Suite 220 Tampa, FL 33614-3979 (813) 871-7600 (SC: 512-8290) ext. 123 1-800-226-2316 ext. 123 Fax: (813) 673-4588 (SC: 512-8313)</p>	<p>Hardee Highlands Hillsborough Manatee Polk</p>
<p>7—Milagros (Millie) Chervoni e-mail: chervonm@fdhc.state.fl.us Hurston South Tower 400 West Robinson Street, S-309 Orlando, FL 32801 (407) 317-7851 (SC: 344-7851) ext. 152 Fax: (407) 245-0847 (SC: 344-0847)</p>	<p>Brevard Orange Osceola Seminole</p>
<p>8—Betty Fine e-mail: fineb@fdhc.state.fl.us P.O. Box 60127 2295 Victoria Avenue, Room 309 Ft. Myers, FL 33901 (941) 338-2367 (SC: 748-2367) Fax: (941) 338-2642 (SC: 748-2642)</p>	<p>Charlotte Collier DeSoto Glades Hendry Lee Sarasota</p>
<p>9—William Albury e-mail: alburyw@fdhc.state.fl.us 1720 East Tiffany Drive, S-200 West Palm Beach, FL 33407 (561) 881-5080 (SC: 264-5080) ext. 136 Fax: (561) 881-5085 (SC: 264-5085)</p>	<p>Indian River Martin Okeechobee Palm Beach St. Lucie</p>

Area Medicaid School Services Representatives

Medicaid Area	Counties
<p>10—Maria S. Rivera e-mail: riveram@fdhc.state.fl.us 1400 West Commercial Boulevard, S-110 Ft. Lauderdale, FL 33309 (954) 202-3200 (SC: 423-3200) ext. 131 Fax: (954) 202-3220 (SC: 423-3220)</p>	<p>Broward</p>
<p>11—Florence Paris e-mail: parisf@fdhc.state.fl.us The Koger Center 8355 NW 53rd Street 2nd Floor Miami, FL 33166 (305) 499-2059 (SC: 429-2059) Fax: (305) 499-2022 (SC: 429-2022)</p>	<p>Dade Monroe</p>

Appendix B

Medicaid Certified School Match Program Documentation of Behavioral Services

Directions

Student Name - Medicaid requires the student's name to be on all service documentation. It is recommended that the student's legal name, as it appears in official school records, be entered. If service documentation is done on a weekly basis, it is not necessary to enter the student's name for each date of service. One entry for the week will suffice.

DOB - Enter the student's date of birth. The date of birth will be helpful in identification of the student for Medicaid billing.

Teacher/Grade/School - Enter the teacher, grade, and school the student will be attending during the year. Identifying the teacher, grade, and school will allow the district to track Medicaid reimbursements at the school level.

Social Security # - Enter the student's social security number (if known). The social security number will assist in obtaining the student's Medicaid number that is required for billing Medicaid.

Diagnosis Code - Medicaid requires an ICD-9 diagnosis code for billing to support the medical need for the behavioral service.

Date of Service - Medicaid requires that service documentation include the date the behavioral service was provided.

Place of Service - Medicaid requires documentation of the place where the behavioral service was rendered.. "Home" should be checked only if the service was provided in the student's home. Services being rendered at a school, community-based site, or during transport should be marked "school."

Procedure Code - Medicaid requires a procedure code for each behavioral service rendered and billed. Enter the applicable procedure code as defined at the bottom of the form.

Number in Group - Medicaid requires the number of students in a group to be documented, when billing for group behavioral services.

Length of Service - Medicaid requires documentation of the length of time each service is performed. This entry should be in minutes. All service minutes for each student per day are rounded up to the nearest 15-minute unit (each 15 minutes is one unit). There is a service limitation of 32 units per provider per day.

Description of Service - Medicaid requires that service documentation include a description of the behavioral service performed. There is also space in this column for comments that can be completed as needed.

Progress Towards Established Goals/Objectives - Medicaid requires that progress toward any established goals/objectives be documented. There is space in the previous column for comments, if needed.

Daily Initial or Weekly Signature/Title/Date - The behavioral services provider must initial or sign/ title/date each daily service entry to indicate that a service was provided. Medicaid allows daily entries to be initialed, provided the documentation is signed, titled, and dated on at least a weekly basis. The required signature, title, and date must be documented before the school district may bill Medicaid for services. The signature indicates that the service and activities documented were actually provided. If the behavioral services provider chooses to sign, title, and date on a daily basis, there is no weekly requirement for the signature, title, and date.

Documentation of Behavioral Services

Student's Name: _____ DOB: _____
 Teacher/Grade/School: _____ Social Security #: _____ Diagnosis Code: _____

Date of Service	Place of Service	Procedure Code	Number in Group	Length of Service (Minutes)	Description of Service (tests/assessments/evaluations, observations, record reviews, consultative or referral activities, counseling sessions, compiling evaluative reports, etc)	Progress Towards Established Goals/ Objectives (if appropriate)	Initial or Weekly Signature/Title/Date
	Home _____ School _____					_____ Mastered _____ Progress _____ No Change	
	Home _____ School _____					_____ Mastered _____ Progress _____ No Change	
	Home _____ School _____					_____ Mastered _____ Progress _____ No Change	
	Home _____ School _____					_____ Mastered _____ Progress _____ No Change	
	Home _____ School _____					_____ Mastered _____ Progress _____ No Change	

Behavioral Services Staff: _____
 MUST BE SIGNED WEEKLY Signature (must be legible) _____ Date _____

Individual Service Procedure Codes	
W1180 – Psychologist	W1200 – CABA
W1182 – Social Worker, Masters	W1202 – Mental Health Counselor
W1188 – CBA, Masters	W1206 – Guidance Counselor
W1196 – Social Worker, Bachelors	W1208 – CBA, Bachelors
W1198 – Marriage/Family Therapist	

Distribution List: Behavioral Services Staff: White Medi caid File: Green

Group Service Procedure Codes	
W1181 – Psychologist	W1201 – CABA
W1183 – Social Worker, Masters	W1203 – Mental Health Counselor
W1189 – CBA, Masters	W1207 – Guidance Counselor
W1197 – Social Worker, Bachelors	W1209 – CBA, Bachelors
W1199 – Marriage/Family Therapist	