

Medicaid Certified School Match Program: Services Provided to Charter Schools Through the Medicaid Certified School Match Program

BACKGROUND

In 1988, Congress passed Section 411(k)(13) of the Medicare Catastrophic Coverage Act to ensure that Medicaid would cover health-related services provided to a child under the Individuals with Disabilities Education Act (IDEA) and specified in the 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.

The 1995 Florida Legislature provided authorization, with revisions made in 1997 (s. 236.0812, 409.9071, 409.908, 409.9122, and 409.9126, F.S.), to the Florida Agency for Health Care Administration and the Florida Department of Education (DOE) to develop a category of school-based services termed the Medicaid Certified School Match. Included in this legislation was the authorization to seek federal approval 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 55 percent, of the Medicaid-established reimbursement fee.

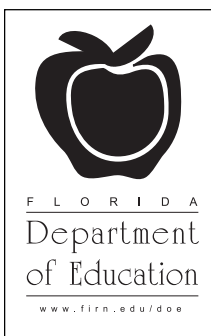
Medicaid reimburses for services it determines are *medically necessary* and do not duplicate another provider's service. Medicaid defines specific services/treatments as health-related (medically necessary). Many of these same services are also *educationally relevant* and, therefore, are provided by the public school system to students with disabilities under IDEA. Medicaid will reimburse enrolled school districts for such services provided to Medicaid-eligible students.

To qualify under the Medicaid Certified School Match Program, students must meet all the following requirements:

- be Medicaid eligible on the date of service
- be under age 21
- be considered a student with a disability under State Board of Education Rule definitions
- be entitled to school district services under IDEA, Part B or Part C
- have Medicaid-reimbursable services referenced in his or her IEP or family support plan
- have Medicaid-reimbursable services recommended by a qualified Medicaid provider

Since the enactment of the legislation, DOE has been working with the state Medicaid office and school district staff to define the services that will be reimbursable to school districts. This process has included determining provider qualifications, requirements for staff, documentation requirements, and reimbursement procedures. The approved services are as follows:

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Refer Questions To: Shan Goff (850) 488-1570 Devon Hardy (850) 487-6261 Linda Champion (850) 488-5142



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.

- therapy services (individual and group sessions)
 - speech/language therapy
 - occupational therapy
 - physical therapy
- behavioral services (individual and group sessions)
 - psychological
 - social work
 - guidance counseling
 - behavior analysis
 - mental health counseling
 - marriage and family therapy
- nursing services (including medication administration)
- transportation services
- administrative claiming (outreach services)

The services for speech/language therapy, physical therapy, and occupational therapy include evaluation and treatment. In addition, Medicaid reimburses school districts for

- wheelchair evaluations and fittings
- splint and cast fittings
- evaluations and fitting/training/adjustment sessions related to augmentative and alternative communication (AAC) systems

Wheelchairs and AAC systems are reimbursable through Medicaid's Durable Medical Equipment program.

The *Medicaid Certified School Match Program Coverage and Limitations Handbook* outlines all allowable services, requirements, and procedures under this program. This handbook may be obtained from the state Medicaid office or the local area Medicaid office. In each geographic region there is a local area Medicaid office that employs a person specifically assigned to assist school districts in the implementation of the Medicaid Certified School Match Program. (See list attached.) A listing of other resources that have been distributed to school districts and that might be helpful to charter schools is also attached.

It is recommended that school districts develop and implement a plan for inservice training and regular communication in order to ensure all appropriate district staff and school staff (including those of charter schools) are informed of all policies and procedures associated with the Medicaid Certified School Match Program. The local area Medicaid office school liaisons are available to assist in conducting this training if desired and may also assist with the development of training materials.

The Medicaid Certified School Match Program is a possible new funding source for school districts to use in providing services to students. **Only** school districts may enroll as providers under the Medicaid Certified School Match Program. Charter schools are public schools; therefore, it is important for school districts and charter schools to understand the charter schools' relationship to the Medicaid Certified School Match Program.

The Medicaid Certified School Match Program may provide an additional funding source for charter schools if the school district is an enrolled provider. Charter schools should determine the status of their school district under the Medicaid Certified School Match Program, that is

- if the district is enrolled as a Medicaid provider and if so, for which services
- which charter school students are enrolled in Medicaid
- the Medicaid-reimbursable services currently provided to charter school students
- credential requirements of treating providers
- what documentation will be required of the service providers/staff of the charter school

As schools within the district, all charter schools should be kept informed regarding Medicaid Certified School Match Program information, processes, and procedures. Before initiation of Medicaid-reimbursable services to eligible charter school students, the contract between the school district and charter school should address the process and procedures to be used by both entities. This will assist in ensuring compliance with all audit requirements; avoid duplication of services; and clarify costs, fees, and expenditure of funds.

A school district may be an enrolled provider under the Medicaid Certified School Match Program and, at the same time, be a private enrolled Medicaid group provider for regular Medicaid program services, i.e., those Medicaid services not covered under the Medicaid Certified School Match Program. The following are examples of services that a school district could provide as a private enrolled group provider:

- community mental health services
- targeted case management
- advanced registered nurse practitioner (ARNP)
- early periodic screening, diagnosis and treatment (EPSDT)
- physician services
- physician's assistant services
- dental services
- hearing services
- vision services

A charter school may be a private enrolled Medicaid group provider for regular Medicaid program services. The following are examples of services that a charter school could provide as a private enrolled group provider:

- physical therapy services
- occupational therapy services
- speech and language therapy services
- community mental health services
- targeted case management
- advanced registered nurse practitioner (ARNP)
- early periodic screening, diagnosis and treatment (EPSDT)
- physician services
- physician's assistant services
- dental services
- hearing services
- vision services

In addition, a charter school may be a private enrolled Medicaid group provider for regular Medicaid program services and, at the same time, its students may receive from the school district through the Medicaid Certified School Match Program those services for which the school district is an enrolled provider.

Medicaid reimburses only one provider, be it the school district or a private enrolled provider, for the same procedure (as determined by the Medicaid automated payment system comparing procedure codes on claims) provided to a student on the same day. Therefore, if the charter school is a private enrolled Medicaid provider, it is essential that before the school district's initiation of Medicaid-reimbursable services to eligible charter school students, the contract between the school district and the charter school addresses the process and procedures to be used by both entities. This will assist in ensuring compliance with all Medicaid audit requirements and avoid duplication of services/billing.

The Medicaid *Coverage and Limitations Handbook* outlines all allowable services, requirements, and procedures for regular Medicaid program services. This handbook may be obtained from the state Medicaid office or the local area Medicaid office.

The following questions and answers will assist in clarifying how, through the school district, Medicaid Certified School Match Program services may be provided to charter schools.

QUESTIONS AND ANSWERS

The Medicaid Certified School Match Program

1. How can a school district bill Medicaid for services provided under the Medicaid Certified School Match Program?

The school district may bill Medicaid in two distinct ways if it is an enrolled provider for each specific service to be billed:

- The school district may bill for services provided by a school board employee
 - who meets Medicaid provider qualifications, and
 - whose salary/benefits are paid by the school system with general revenue (nonfederal) funds or some portion thereof.
- The school district may bill for services provided through a contractual agreement with a private vendor
 - if vendor personnel meet Medicaid provider qualifications, and
 - the school system (or charter school) is paying the contract with general revenue (nonfederal) funds or some portion thereof.

2. May a school district that is an enrolled provider under the School Match Program bill Medicaid for services the school district is providing to eligible charter school students via a contract with the charter schools?

- Yes, the school district may bill Medicaid for those services for which the school district is an enrolled provider.
- School districts should provide training for all schools, including the charter school, on the billing process and procedures.
- Prior to the initiation of Medicaid-reimbursable services to eligible charter school students, the contract between the school district and charter school should address the process and procedures to be used by both entities. This will assist in ensuring compliance with all audit requirements; avoid duplication of billing; and clarify costs, fees, and expenditure of funds.

3. May a school district bill Medicaid through the Medicaid Certified School Match Program for Certified School Match services that the charter school provides directly or through an outsource contract (i.e., a contract with a private company to provide the services)?

- Yes, the school district may bill Medicaid for those services for which the school district is an enrolled Medicaid provider.
- A charter school has the option of providing the services directly through a private provider. A charter school is a district school so Medicaid Certified School Match Program eligible services provided at a charter school may be billed by the school district just as the district would bill for eligible services provided at **any** school in the district.

- Prior to the initiation of Medicaid-reimbursable services to eligible charter school students, the contract between the school district and the charter school should address the process and procedures to be utilized by both entities. This will assist in ensuring compliance with all Medicaid audit requirements; avoid duplication of billing; and clarify costs, fees, and expenditure of funds.

4. If the school district is not an enrolled provider under the Medicaid Certified School Match Program, may a charter school become an enrolled provider under this program and bill Medicaid for services?

- No, only school districts are eligible to enroll as providers under the Medicaid Certified School Match Program. Individual schools within the district may not enroll as providers under this program. Charter schools are individual public schools within a school district; therefore, they may not independently enroll under the Medicaid Certified School Match Program.
- Reimbursement for services under the Medicaid Certified School Match Program will occur only if the school district is enrolled as the provider.
- Charter schools may become a private enrolled Medicaid group provider for the regular Medicaid program reimbursable services for which they qualify. See questions 8, 9, and 10.

Medicaid Certified School Match Program: Distribution of Reimbursement Funds Received from Medicaid

5. Under the Medicaid Certified School Match Program, if a school district receives reimbursement for Medicaid services provided by the district or services provided by the charter school, who will decide how the money will be used?

- The school district is the enrolled provider; therefore, the Medicaid reimbursement will be distributed to the school district and not to an individual school within that district.
- It is the district's responsibility to budget the funds received based on current state rules and regulations regarding charter schools (Section 228.056, Florida Statutes).
- It is highly recommended that the expenditure of these funds be negotiated and addressed in the contract between the charter school and the school district before services are initiated. All costs and fees associated with the Medicaid Certified School Match Program should be agreed upon prior to the withholding of any funds for the cost of Medicaid services provided to the charter school.
- The Medicaid Certified School Match Program reimbursement rate is approximately 55 percent of the allowed Medicaid fee. (If the Medicaid allowable fee is \$100 for a certain service, the school district would receive \$55.) This reimbursement is an additional funding source for a school district. Eligible students are those who are enrolled in Medicaid and have a disability, qualify for IDEA, and have a current IEP that indicates a need for the specific service.

6. If a school district is an enrolled provider under the Medicaid Certified School Match Program and bills Medicaid for services provided to eligible charter school students, who is liable if a pay back is required as the result of a Medicaid audit?

- The school district is legally the enrolled provider; therefore, the school district is responsible for the payback. Issues of liability and recoupment of funds should be specifically addressed in the contract between the school district and charter school.

- The charter school and district staff should work proactively to appropriately train charter school staff on service documentation and billing procedures. The contract between the charter school and the school district should address any pay back or recoupment of funds in the event of an audit finding.

School District as a Private Enrolled Medicaid Group Provider for Services Not under the Medicaid Certified School Match Program

7. May a school district that is enrolled as a private Medicaid group provider for those Medicaid services not covered under the Medicaid Certified School Match Program bill Medicaid for those services it provides to eligible charter school students?

- Yes, the school district may bill Medicaid for those services for which the school district is an enrolled Medicaid group provider. A school district may be both an enrolled provider under the Medicaid Certified School Match Program and a private enrolled Medicaid group provider for those services not covered under the Medicaid Certified School Match Program. Examples of services that a school district could provide as a private enrolled group provider that are not covered under the Medicaid Certified School Match Program:
 - community mental health services
 - targeted case management
 - advanced registered nurse practitioner (ARNP)
 - early periodic screening, diagnosis and treatment (EPSDT)
 - physician services
 - physician's assistant services
 - dental services
 - hearing services
 - vision services
- Prior to the initiation of Medicaid-reimbursable services to eligible charter school students, the contract between the school district and the charter school should address the process and procedures to be used by both entities. This will assist in ensuring compliance with all Medicaid audit requirements; avoid duplication of billing; and clarify costs, fees, and expenditure of funds.

Charter School as a Private Enrolled Medicaid Group Provider

8. May a charter school enroll as a private Medicaid group provider for regular Medicaid program services (including physical, occupational, and speech /language therapy) and bill and receive reimbursement?

- Yes, but the charter school would not be eligible to receive reimbursement under the Medicaid Certified School Match Program procedures/criteria except through the school district. However, the reimbursement criteria and process for the Medicaid Certified School Match Program allow greater flexibility than does the regular Medicaid program.
- As a legal entity, the charter school may bill directly for Medicaid services according to the applicable regular Medicaid program fee schedule and under the applicable criteria/procedures for the regular Medicaid program in which it is enrolled as a provider. The criteria/procedures for regular Medicaid program services are more stringent than the Medicaid Certified School Match Program services. For example, all employed/contracted staff would have to enroll as treating providers and prior to the initiation of services authorization from the HMO or MediPass provider would be required.

- Under Medicaid (i.e., other than the Medicaid Certified School Match Program), eligible students would be any students meeting Medicaid eligibility criteria (not just IDEA students).
 - The charter school could bill for services provided to Medicaid-eligible students after the school establishes a billing system to assess all students for the services (i.e., a fee-for-service system). A sliding scale would have to be established.
 - A charter school should analyze the student population (income levels and needed services), what services charter school staff provide, and how the services are currently documented.
 - Examples of regular Medicaid program services for which a charter school might qualify as a private group provider include the following:
 - physical therapy services
 - occupational therapy services
 - speech and language therapy services
 - community mental health services (If the charter school has a contract with the Department of Children and Families, Alcohol, Drug Abuse and Mental Health program, and meets the Medicaid requirements for enrollment, it could bill for community mental health services.)
 - targeted case management
 - advanced registered nurse practitioner (ARNP)
 - early periodic screening, diagnosis and treatment (EPSDT)
 - physician services
 - physician's assistant
 - dental services
 - hearing services
 - vision services
 - Prior to the initiation of services, the contract between the charter school and the school district should address the services to be provided by each party in order to avoid duplication of services and billing.
- 9. Why would a charter school choose to become a private enrolled Medicaid group provider for regular Medicaid program services and bill Medicaid directly rather than participate as part of the Medicaid Certified School Match Program through the school district?**
- By being a private enrolled Medicaid group provider for regular Medicaid program services and billing Medicaid directly, the charter school would be eligible to receive 100 percent reimbursement of the Medicaid-allowable fee. This would be based upon the regular Medicaid program services process and criteria for reimbursement. (See question 8.) The Medicaid reimbursement would be distributed directly to the charter school. Likewise, the charter school would be responsible for a Medicaid audit finding in which a pay back or recoupment is required.

Charter School Receiving Services from School District under Medicaid Certified School Match Program and Serving As Private Enrolled Medicaid Provider

- 10. May a charter school become a private enrolled group provider for regular Medicaid program services in addition to receiving services from the school district under the Medicaid Certified School Match Program for which the school district is billing?**
- Yes. Prior to the initiation of services it should be clarified in the contract between the charter school and the school district for which services the charter school will be billing Medicaid as an enrolled private group provider. This will avoid duplication of services and billing.

- As a legal entity, a charter school may qualify as a private enrolled group provider and bill directly for regular Medicaid program services as explained in questions 8 and 9.

Help for Charter Schools Regarding Medicaid

11. How can a charter school receive help with the Medicaid Certified School Match Program?

- Charter schools should contact the school district for assistance. A listing of resources that have been distributed to school districts and that might be helpful to charter schools is attached to this technical assistance paper. In addition, the *Medicaid Certified School Match Program Coverage and Limitations Handbook* outlines all allowable services, requirements, and procedures. This handbook may be obtained from the state Medicaid office or the local area Medicaid office. In each geographic region there is a local area Medicaid office that employs a person specifically assigned to assist school districts in the implementation of the Medicaid Certified School Match Program. (See list attached.)

AREA MEDICAID SCHOOL CONTACTS

The area Medicaid offices will assist school districts and county health departments (CHDs) in developing and reviewing their plans to provide Medicaid services to ensure that they are in accordance with federal and state regulations. These offices can provide valuable assistance to school districts as they explore opportunities for using Medicaid. Area office staff will assist schools and CHDs with provider enrollment information, policy information, and data regarding the numbers of eligible recipients by geographic area. School personnel and CHD staff can contact their local Medicaid office to find out more about Medicaid.

1 – Marshall Wallace
6425 Pensacola Boulevard
Bldg. 2, Suite 1
Pensacola, FL 32505
(850) 494-5840
SC: 690-5840
1-800-303-2422
Fax: (850) 494-5843
SC: 690-5843
Wallacem@fdhc.state.fl.us
**Escambia, Okaloosa,
Santa Rosa, Walton**

2 – Kay Henderson
2639 N. Monroe Street,
Suite 104-B
Tallahassee, FL 32303-4074
(850) 921-8474, ext. 117
SC: 292-8474, ext. 117
Fax: (850) 921-0394
SC: 291-0394
Hendersk@fdhc.state.fl.us
**Bay, Calhoun, Franklin,
Gadsden, Gulf, Holmes,
Jackson, Jefferson, Leon,
Liberty, Madison, Taylor,
Wakulla, Washington**

3 – John Bertholf
1130 NE 16th Avenue
Gainesville, FL 32601
(352) 955-5192, ext. 112
SC: 625-5192, ext. 112
Fax: (352) 955-7164
SC: 625-7164
Bertholj@fdhc.state.fl.us
**Alachua, Bradford, Citrus,
Columbia, Dixie, Gilchrist,
Hamilton, Hernando,
Lafayette, Lake, Levy,
Marion, Putnam, Sumter,
Suwannee, Union**

4 – Selwyn Gossett
921 North Davis Street
Building A, Suite 160
Jacksonville, FL 32209-6806
(904) 353-2100, ext.107
SC: 826-2100, ext.107
Fax: (904) 353-2159
SC: 826-2159
Gossetts@fdhc.state.fl.us
**Baker, Clay, Duval, Flagler,
Florida School for the
Deaf and the Blind,
Nassau, St. Johns, Volusia**

5 – Mary Ann Hauckes
11351 Ulmerton Road, S-100
Largo, FL 33778-1630
(813) 588-6857, ext. 131
SC: 513-2659, ext. 131
Fax: (813) 588-4078
SC: 513-2124
Haukesm@fdhc.state.fl.us
Pasco, Pinellas

6 – Doug Mayer
North Park Center
6800 North Dale Mabry Hwy.
Suite 220
Tampa, FL 33614-3979
(813) 871-7600, ext. 123
SC: 512-8290, ext. 123
1-800-226-2316, ext. 144
Fax: (813) 673-4588
SC: 512-8311
**Hardee, Highlands,
Hillsborough, Manatee,
Polk**

7 – Lois Mitchell
Hurstons South Tower
400 W. Robinson Street
S-309
Orlando, FL 32801
(407) 245-0862, ext. 160
SC: 344-0862, ext. 160
Fax: (407) 245-0847
SC: 344-0847
Mitchell@fdhc.state.fl.us
**Brevard, Orange, Osceola,
Seminole**

8 – Betty Fine
P.O. Box 60127
2295 Victoria Avenue
Room 309
Ft. Myers, FL 33906-0127
(941) 338-2620, ext. 137
SC: 748-2620, ext. 137
Fax: (941) 338-2642
SC: 748-2642
Fineb@fdhc.state.fl.us
**Charlotte, Collier,
DeSoto, Glades, Hendry,
Lee, Sarasota**

9 – Dan McKenna
1720 East Tiffany Drive
S-201B
West Palm Beach, FL 33407
(561) 881-5080, ext. 136
SC: 264-5080, ext. 136
Fax: (561) 881-5085
SC: 264-5085
Mckennad@fdhc.state.fl.us
**Indian River, Martin,
Okeechobee,
Palm Beach, St. Lucie**

10 – Deborah Byrnes
1400 W. Commercial
Boulevard
S-110
Ft. Lauderdale, FL 33309
(954) 202-3200, ext. 112
SC: 423-3200, ext. 112
Fax: (954) 202-3200
SC: 423-3220
Bymesd@fdhc.state.fl.us
Broward

11 – Florence Paris
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
Parisf@fdhc.state.fl.us
Dade, Monroe

State Medicaid Office Staff:

Wendy Johnston 850-922-7323 SC 292-7323 e-mail: johnstow@fdhc.state.fl.us
Kim Corsmeier 850-922-7318 SC 292-7318 e-mail: corsmeik@fdhc.state.fl.us
P. Ward Peck, III 850-922-7307 SC 292-7307 e-mail: peckw@fdhc.state.fl.us

FAX 850-922-7303 SC 292-7303

RESOURCES

The Medicaid Certified School Match Program

1. Area Agency for Health Care Administration school liaisons
 - See attached
2. Memos from the Department of Education and the Agency for Health Care Administration
 - Contact school district for copies
 - Contact area Medicaid school liaison for copies
3. *ICD-9 Diagnosis Code Book*
 - Contact private Medicaid vendors/companies or Unisys to obtain copy
 - Contact area Medicaid school liaison for information
4. *Medicaid Certified School Match Program Coverage and Limitations Handbook*
 - Contact area Medicaid school liaison for copy
 - Contact school district for copy
 - Go to www.fdhc.state.fl.us/
5. *Medicaid Provider Reimbursement Handbook, HCFA—1500 and EPSDT 221*
 - Contact area Medicaid school liaison for information
 - Contact school district for copy/information
 - Contact Unisys for a copy
6. Health Care Financing Administration (HCFA) publication *Medicaid and Schools—A Technical Assistance Guide*
 - Go to www.hcfa.gov
 - Contact area Medicaid school liaison for copy
(Copies will not be updated—obtain updates from web site.)
 - Contact school district for copy (Copies will not be updated—obtain updates from web site.)

7. *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*
 - Contact private Medicaid vendors/companies or Unisys for copy
 - Contact area Medicaid school liaison for information
 - Contact school district for copy/information
8. Medicaid handbook for services not covered under the Medicaid Certified School Match Program
 - Go to www.fdhc.state.fl.us/
 - Contact area Medicaid school liaison for information
 - Contact school district for copy/information
 - Contact private Medicaid vendors/companies or Unisys to obtain copy
9. “OMB Circular A-87”
 - Contact area Medicaid school liaison for copy
 - Contact school district for copy
10. Sections 440.110 and 440.130 of Title 42 of the Code of Federal Regulations
 - Contact area Medicaid school liaison for copy
 - Contact school district for copy
11. Sections 409.9071 and 236.0812, Florida Statutes
 - Contact area Medicaid school liaison for copy
 - Contact school district for copy
12. Chapter 59G, Florida Administrative Code
 - Contact area Medicaid school liaison for copy
 - Contact school district for copy