

By Representative Culp

1 A bill to be entitled
 2 An act relating to Medicaid; amending ss.
 3 236.0812, 409.9071, 409.908, 409.9122, and
 4 409.9126, F.S.; revising and conforming
 5 provisions relating to school-based services
 6 provided to children under the Medicaid
 7 certified school match program; expanding
 8 included services; providing limitations;
 9 deleting obsolete language; clarifying
 10 recipient eligibility requirements and
 11 providing for cooperation with the Department
 12 of Education; directing the Agency for Health
 13 Care Administration to submit a state plan, and
 14 to seek federal waivers when necessary;
 15 authorizing the agency to conduct school
 16 district compliance reviews; revising budget
 17 and reimbursement provisions; directing the
 18 agency to develop a cost-based reimbursement
 19 schedule; authorizing certain retroactive
 20 reimbursements; providing an exemption from
 21 background screening requirements; providing
 22 for managed care plan agreements with school
 23 districts and county health departments;
 24 providing for procedures to ensure continuity
 25 of care; providing an effective date.

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 27 Be It Enacted by the Legislature of the State of Florida:

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 29 Section 1. Section 236.0812, Florida Statutes, is
 30 amended to read:

31

1 236.0812 Medicaid certified school funding
2 maximization.--
3 (1) Each school district, subject to the provisions of
4 ~~ss.s-409.9071 and 409.908(21)~~and this section, is
5 authorized to certify funds provided for a category of
6 required Medicaid services termed "school-based services,"
7 which are reimbursable under the federal Medicaid program.
8 Such services shall include, but not be limited to, physical,
9 occupational, and speech therapy services, behavioral health
10 services, mental health services, transportation services,
11 Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
12 administrative outreach for the purpose of determining
13 eligibility for exceptional student education, and any other
14 such ~~physical, occupational, and speech therapy~~ services,for
15 the purpose of receiving ~~earning~~ federal Medicaid financial
16 participation. Certified school funding shall not be available
17 for the following services:
18 (a) Family planning.
19 (b) Immunizations.
20 (c) Prenatal care.
21 (2) Each district's portion of the available ~~budgeted~~
22 Medicaid reimbursement ~~earnings~~ shall be in the same
23 proportion as the district's share of the total amount
24 eligible to be certified as state match under the approved
25 federal methodology for certification; however, the
26 proportionate share of the total amount eligible to be
27 certified for districts which fall below the statewide average
28 in total potential dollars per weighted FTE shall receive a
29 weight of 25 percent greater than the districts above the
30 statewide average. The maximum amount eligible to be certified
31 for state match shall be limited by the amount of federal

1 Medicaid earnings budgeted in the General Appropriations Act
2 or other general law.

3 (3) The Department of Education shall monitor
4 compliance of each participating school district with the
5 Medicaid provider agreements. In addition, the department
6 shall develop standardized recordkeeping procedures for the
7 school districts that meet Medicaid requirements for audit
8 purposes.

9 ~~(4) Federal Medicaid earnings received as a result of~~
10 ~~funds certified pursuant to this section shall be deposited~~
11 ~~into the Medicaid Earnings Trust Fund, if created by law,~~
12 ~~otherwise in the Educational Aids Trust Fund. Of the funds~~
13 ~~earned by each district, not less than 25 percent shall be~~
14 ~~used to enhance the district's exceptional student education~~
15 ~~nongifted programs. The remaining funds shall be used by the~~
16 ~~district in areas which directly impact on classroom~~
17 ~~activities. However, if Committee Substitute for Committee~~
18 ~~Substitute for House Bill 165 or similar legislation becomes~~
19 ~~law, up to \$150,000 of any funds which may become available as~~
20 ~~a result of a district certifying state or local education~~
21 ~~funds to earn federal Medicaid match may be allocated to each~~
22 ~~of the five school districts whose school improvement plans,~~
23 ~~pursuant to s. 230.23(18), include the establishment of a~~
24 ~~school of the 21st century.~~

25 (4)(5) Each school district's continued participation
26 in certifying funds to be reimbursed for Medicaid expenditures
27 earn Medicaid is contingent upon the district providing to the
28 department an annual accounting of how the federal Medicaid
29 reimbursements earnings are utilized.

30 (5) Funds generated pursuant to this section may be
31 used for autism therapy services allowed by federal law.

1 Section 2. Section 409.9071, Florida Statutes, 1996
2 Supplement, is amended to read:

3 409.9071 Medicaid provider agreements for school
4 districts certifying state match.--

5 (1) The agency shall submit a state plan no later than
6 September 1, 1997, and shall seek federal waivers when
7 necessary to facilitate the implementation of a new category
8 of service under the rehabilitative services option that would
9 be called "school-based services" as specified in s. 236.0812.

10 Subject to any limitations provided for in the General
11 Appropriations Act, the agency, in compliance with appropriate
12 federal authorization, shall develop policies and procedures
13 and shall ~~to~~ allow for certification of state and local
14 education funds which have been provided for school-based
15 ~~physical, occupational, and speech therapy~~ services as
16 specified in s. 236.0812 and authorized by a physician's order
17 where required by federal Medicaid law. Any state or local
18 funds certified pursuant to this section shall be for children
19 with specified disabilities who are eligible for both Medicaid
20 and Part B or Part H of the Individuals with Disabilities
21 Education Act (IDEA), or the exceptional student education
22 program, or ~~and~~ who have an individualized educational plan
23 ~~that demonstrates that such services are medically necessary~~
24 ~~and a physician authorization order where required by federal~~
25 ~~Medicaid laws.~~

26 (2) School districts who wish ~~wishing~~ to enroll as
27 Medicaid providers and who certify state match in order to
28 receive federal Medicaid reimbursements for services, pursuant
29 to subsection (1), shall agree to:

30 (a) Verify Medicaid eligibility. The Agency for Health
31 Care Administration and the Department of Education shall work

1 cooperatively to facilitate local school districts'
2 verification of Medicaid eligibility. ~~Be responsible for~~
3 ~~verifying that the child was eligible for each month of~~
4 ~~service.~~

5 (b) Develop and maintain the financial and individual
6 education plan ~~medical~~ records needed to document the
7 appropriate use of state and federal Medicaid funds.

8 (c) Comply with all state and federal Medicaid laws,
9 rules, regulations, and policies, including, but not limited
10 to, those related to the confidentiality of records and
11 freedom of choice of providers.

12 (d) Be responsible for reimbursing the cost of any
13 state or federal disallowance that results from failure to
14 comply with state or federal Medicaid laws, rules, or
15 regulations.

16 (3) State and local education dollars certified as
17 state Medicaid match may ~~shall~~ be capped based on the maximum
18 amount of federal participation budgeted ~~in the Medicaid~~
19 ~~budget~~ for this purpose. Unless otherwise specifically
20 provided for in the General Appropriations Act, certification
21 of such funds shall be reduced proportionately to other
22 voluntary Medicaid programs if a cap is established by the
23 federal Medicaid agency that reduces federal Medicaid funding.

24 (4) Within 90 days after a school district applies to
25 enroll as a Medicaid provider under the certified match
26 program, the Agency for Health Care Administration may conduct
27 a review to ensure that the school district has the capability
28 to comply with the requirements in subsection (2). A finding
29 by the agency that a school district has the capability to
30 comply with the requirements in subsection (2) shall not
31 relieve a school district of its responsibility for correcting

1 any deficiencies or for reimbursing the cost of the state or
2 federal disallowances identified pursuant to any subsequent
3 state or federal audits.

4 (5) The Agency for Health Care Administration shall
5 develop a cost-based reimbursement schedule for school-based
6 services, subject to federal approval.

7 (6) Retroactive reimbursements for services as
8 specified in s. 236.0812 are authorized for, but not limited
9 to, reimbursement for the 1995-1996 and 1996-1997 school
10 years, subject to federal approval.

11 Section 3. Subsection (21) of section 409.908, Florida
12 Statutes, 1996 Supplement, is amended to read:

13 409.908 Reimbursement of Medicaid providers.--Subject
14 to specific appropriations, the agency shall reimburse
15 Medicaid providers, in accordance with state and federal law,
16 according to methodologies set forth in the rules of the
17 agency and in policy manuals and handbooks incorporated by
18 reference therein. These methodologies may include fee
19 schedules, reimbursement methods based on cost reporting,
20 negotiated fees, competitive bidding pursuant to s. 287.057,
21 and other mechanisms the agency considers efficient and
22 effective for purchasing services or goods on behalf of
23 recipients. Payment for Medicaid compensable services made on
24 behalf of Medicaid eligible persons is subject to the
25 availability of moneys and any limitations or directions
26 provided for in the General Appropriations Act or chapter 216.
27 Further, nothing in this section shall be construed to prevent
28 or limit the agency from adjusting fees, reimbursement rates,
29 lengths of stay, number of visits, or number of services, or
30 making any other adjustments necessary to comply with the
31 availability of moneys and any limitations or directions

1 provided for in the General Appropriations Act, provided the
2 adjustment is consistent with legislative intent.

3 (21) The agency shall ~~may~~ reimburse school districts
4 which certify the state match pursuant to ss. 236.0812 and s.
5 409.9071 for the federal portion of ~~either the Medicaid fee or~~
6 ~~the school district's allowable costs to deliver the services,~~
7 based on the cost-based reimbursement schedule ~~whichever is~~
8 ~~less.~~ The school district shall determine the allowable costs
9 for delivering ~~therapy~~ services as authorized in ss. 236.0812
10 and 409.9071 for which the state ~~Medicaid~~ match will be
11 ~~certified, based on the policies and procedures published by~~
12 ~~the agency.~~ Reimbursement of school-based ~~therapy~~ providers is
13 contingent on such providers being enrolled as Medicaid
14 ~~therapy~~ providers and meeting the qualifications contained in
15 42 C.F.R. s. 440.110, unless otherwise waived by the federal
16 Health Care Financing Administration. Speech therapy providers
17 who are certified through the Department of Education pursuant
18 to rule 6A-4.0176, Florida Administrative Code, are eligible
19 for reimbursement ~~may bill~~ for services that are provided on
20 school premises. Any employee of the school district who has
21 been fingerprinted and has received a criminal background
22 check in accordance with Department of Education rules and
23 guidelines shall be exempt from any agency requirements
24 relating to criminal background checks.

25 Section 4. Paragraph (a) of subsection (2) of section
26 409.9122, Florida Statutes, 1996 Supplement, is amended to
27 read:

28 409.9122 Mandatory Medicaid managed care enrollment;
29 programs and procedures.--

30 (2)(a) The agency shall enroll in a managed care plan
31 or MediPass all Medicaid recipients, except ~~for~~ those Medicaid

1 recipients who are: in an institution; enrolled in the
2 Medicaid medically needy program; or eligible for both
3 Medicaid and Medicare. However, to the extent permitted by
4 federal law, the agency may enroll in a managed care plan or
5 MediPass a Medicaid recipient who is exempt from mandatory
6 managed care enrollment, provided that:

7 1. The recipient's decision to enroll in a managed
8 care plan or MediPass is voluntary;

9 2. If the recipient chooses to enroll in a managed
10 care plan, the agency has determined that the managed care
11 plan provides specific programs and services which address the
12 special health needs of the recipient; and

13 3. The agency receives any necessary waivers from the
14 federal Health Care Financing Administration.

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16 The agency shall develop rules to establish policies by which
17 exceptions to the mandatory managed care enrollment
18 requirement may be made on a case-by-case basis. The rules
19 shall include the specific criteria to be applied when making
20 a determination as to whether to exempt a recipient from
21 mandatory enrollment in a managed care plan or MediPass.

22 School districts participating in the certified school match
23 program pursuant to ss. 236.0812 and 409.908(21) shall be
24 reimbursed by Medicaid, subject to the limitations of s.

25 236.0812(1) and (2), for a Medicaid-eligible child
26 participating in the ~~school-based therapy program for speech,~~
27 ~~occupational, and physical therapy services~~ as authorized in
28 s. 236.0812, as provided for in s. 409.9071, regardless of
29 whether the child is enrolled in MediPass or a managed care
30 plan. Managed care plans shall make a good-faith effort to
31 execute agreements with school districts and county health

1 departments for services as authorized in s. 236.0812. To
2 ensure continuity of care for Medicaid patients, the Agency
3 for Health Care Administration and the Department of Education
4 shall develop procedures for ensuring that a student's managed
5 care plan or MediPass provider receives information relating
6 to services provided in accordance with ss. 236.0812 and
7 409.9071.

8 Section 5. Subsection (11) of section 409.9126,
9 Florida Statutes, 1996 Supplement, is amended to read:

10 409.9126 Children with special health care needs.--

11 (11) The Children's Medical Services network may
12 contract with school districts participating in the certified
13 school match program pursuant to ss. 236.0812 and 409.908(21)
14 for the provision of school-based ~~speech, occupational, and~~
15 ~~physical therapy~~ services, as provided for in s. 409.9071, for
16 Medicaid-eligible children who are enrolled in the Children's
17 Medical Services network.

18 Section 6. This act shall take effect July 1, 1997.

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HOUSE SUMMARY

Revises provisions relating to school-based services provided to children under the Medicaid certified school match program. Revises covered services to add behavioral and mental health services and transportation services and to exclude family planning, immunization, and prenatal care services. Directs the Agency for Health Care Administration to submit a state plan for such services by September 1, 1997, and to seek federal waivers. Authorizes the agency to conduct school district reviews to ensure compliance with program requirements. Provides for cooperation between the agency and the Department of Education to facilitate verification of Medicaid eligibility. Authorizes the agency to develop a cost-based reimbursement schedule for services, subject to federal approval. Provides for certain retroactive reimbursements for services, subject to federal approval. Provides an exception from background screening for certain previously screened school district employees. Requires managed care plans to make a good-faith effort to execute agreements with school districts and county health departments for certain services. Requires the agency and department to develop procedures for ensuring continuity of care.