

Subject: Information
Date: Monday, March 30, 2020 at 10:34 AM Eastern Daylight Time
From: Glass, Anne

Medicaid Contacts:

Since we are not having the Medicaid and Schools call on March 30th, please see the latest information below we have from FDOE and AHCA. Let Nanci or I know if you have questions. We are continuing to receive questions about telemedicine and these are being forwarded to AHCA.

Telemedicine and Documentation of Services:

AHCA sent two health alerts last week related to telemedicine—one for behavioral services and one for therapy services. Although both have good information, some of the information does not apply to school districts. For instance, many of the procedure codes that are included in the behavior services alert only apply to community services providers. AHCA policy staff are working on a separate school-based services health alert. We will forward any applicable alerts, but continue to recommend that you subscribe to AHCA health alerts at <https://ahca.myflorida.com/medicaid/alerts/alerts.shtml>. You can also access the two health alerts mentioned above by going to the alert archive at that site and enter the keyword “telemedicine” to access the March alerts.

The documentation requirements in the Medicaid Certified School Match Coverage and Limitations handbook for services provided remotely are the same as if the services are provided face-to-face, with the exception that documentation regarding the use of telemedicine must be included in the progress notes for each visit or session with a student and the parent/legal guardian must be present.

We have asked for an update regarding adding the GT modifiers to the codes within the FLMMIS payment system and will let you know when we hear they have been added. As a reminder, services provided can be billed to Medicaid up to a year beyond the actual date the service is provided. We also asked AHCA if it is possible for districts, in the meantime, to bill for the services using the codes without the modifiers, if the providers maintain documentation that the service was provided through the telemedicine modality.

We have also sought clarification from AHCA regarding billing services to students who might have group services on the IEP, but through telemedicine, may be receiving the services on an individual basis.

Guidance sent to districts from Commissioner Corcoran on March 17, 2020 included the following bullet point.

K-12 school districts are permitted to redirect unspent 2019-2020 funds from the Safe Schools and Mental Health allocations to virtual and telephonic mental health counseling services for students who need emotional support due to COVID-19.

Meeting Scheduled for March 30, 2020

Due to many schools being closed and working to determine how best to provide learning to

students, we are postponing the conference call on March 30, 2020. Although that call will be postponed, we will continue to send information as we receive it.

HB 81

HB 81 was passed by the Legislature with an effective date of 7-1-20. This is the bill that removes the requirement that certified match is only available for school-based services provided through an IEP or IFSP. AHCA states it will continue to work on the rule to implement services that can be provided to students receiving reimbursable services to Medicaid eligible students outside of the IEP.

Flexibility for students who receive IEP services

Some of you have reached out to us about information that has been disseminated regarding what type of flexibility is allowable for IEP services that are billable to Medicaid. The following information was included in a recent Q and A paper from FDOE to school districts.

Q: What does it mean to provide flexibility for students who receive IEP services?

A: Each student with an IEP, or 504 plan, should be included in the school district's instructional continuity plan to the same extent as all other students. This plan may include virtual instruction, as well as virtual specialized instruction and related services to the extent practicable. All areas of the student's IEP or 504 must be considered. Any and all required evaluations, IEP meetings etc. may also be held virtually to the extent practical. If there is any type of delay, the nature and extent of the delay and a plan to move as quickly as possible to prevent further delay should be documented. IEP and 504 teams should monitor each student's progress and determine what, if any, remediation may be needed upon return to the student's placement.

Completion of Random Sample Moments during school closures

AHCA provided the following guidance last week to school district Medicaid contacts. The body text of that email is below.

"The Agency has received several questions regarding random moment time sampling (RMTS) and school closures due to COVID-19. The Agency is documenting all timeframes of district school closures as it relates to COVID-19 and does not expect districts to submit forms during school closures. Based on questions received, below is guidance to help mitigate any further questions from your respective districts.

- *During school closures any RMTS during these periods should be coded as either a 12: General Administration (paid leave) or a 13: Not Scheduled to Work (unpaid leave). The Agency is aware that care planning/coordination will likely not be happening during this time.*
- *The 7 "working" days will resume once the schools are re-opened. For any moments that were assigned before the 7 day timeframe expired (i.e., school closed on March 16th and sample was assigned on March 5th or later), they will be completed to the best of their ability as soon as school resumes."*

AHCA provided clarification that schools will be considered "closed" until students return to the school buildings.

Other Issues

We are still awaiting guidance from AHCA on issues and concerns provided that were to be

addressed in the postponed statewide face to face meeting (NCCI edits, denied claims, reenrollment, charter school enrollment, status of new behavioral procedure codes, billing issues, appeal of prior administrative claiming codes in previous monitoring reports and other items).

Anne Glass
Medicaid Consultant
Florida Certified Contract Manager
[Student Support Services Project](#), USF
Student Services
Bureau of Exceptional Education and Student Services
Florida Department of Education
325 West Gaines Street, Room 644
Tallahassee, Florida 32399
850-245-7838

Nanci English
Medicaid/EMACS Coordinator
[Student Support Services Project](#), USF
Bureau of Exceptional Education and

Florida Department of Education
325 West Gaines Street, Room 644
Tallahassee, Florida 32399
850-245-5705



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