

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 1650

INTRODUCER: Senator Simmons

SUBJECT: Medicaid Provider Agreements for Charter and Private Schools

DATE: February 3, 2020

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Kibbey	Brown	HP	<b>Pre-meeting</b>
2.			ED	
3.			AP	

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**I. Summary:**

SB 1650 removes the requirement for health care practitioners who are employed by or contracted with a private or charter school to independently enroll in Florida Medicaid as credentialed providers to deliver Medicaid-covered, school-based services. The bill would instead require such practitioners to meet the qualifications specified in federal law in 42 C.F.R. s. 440.110 or the provider qualifications as set forth in the Florida Medicaid Certified School Match Coverage and Limitations Handbook.

The bill has an effective date of July 1, 2020.

**II. Present Situation:**

**Florida Medicaid**

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of federal and state governments established to provide coverage for health services for eligible persons. The program is administered by the Agency for Health Care Administration (AHCA) and financed through state and federal funds.<sup>1</sup>

A Medicaid state plan is an agreement between a state and the federal government describing how the state administers its Medicaid programs; it establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements.<sup>2</sup> In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them

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<sup>1</sup> Section 20.42, F.S.

<sup>2</sup> Agency for Health Care Administration, *House Bill 290 Analysis* (Jan. 16, 2019) (on file with the Senate Committee on Health Policy).

the flexibility to cover other population groups (optional eligibility groups).<sup>3</sup> States set individual eligibility criteria within federal minimum standards. The AHCA may seek an amendment to the state plan as necessary to comply with federal or state laws or to implement program changes.

### **Florida Medicaid Certified School Match Program**

Florida has 67 school districts that are each tasked with providing health services for students with disabilities while the student is at school.<sup>4</sup> Some of these students are enrolled in Medicaid. The Florida Medicaid Certified School Match Program (program) was established to provide school districts the opportunity to enroll in Medicaid to have Medicaid share in the cost of providing school health services to Medicaid recipients.<sup>5</sup>

Under the program, schools and school districts use state and local funds to pay for covered health services provided to students that are Medicaid recipients, for which AHCA then reimburses them with the federal Medicaid matching percentage (approximately 60 percent).<sup>6</sup> School districts participating in the program can either employ or contract with service providers.

The following services are covered by the program:

- Physical therapy services;
- Occupational therapy services;
- Speech-language pathology services;
- Transportation services (transportation to Medicaid-covered health care services delivered off campus);
- Behavioral services;
- Augmentive and alternative communication services; and
- Nursing services.<sup>7</sup>

Medicaid recipients who receive services through the program must be under the age of 21 and qualify for Part B or H of the Individuals with Disabilities Education Act (IDEA), qualify for exceptional student services, or have an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP).<sup>8</sup> Health services provided must be both educationally relevant and medically necessary and tailored to meet the recipient's individual needs.<sup>9</sup>

In December 2014, the federal Centers for Medicare & Medicaid Services updated its policies, allowing states to reimburse schools and school districts for health services that are included in the Medicaid program's state plan, regardless of whether the recipient has an IEP or IFSP.<sup>10</sup> This

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<sup>3</sup> *Id.*

<sup>4</sup> Agency for Health Care Administration, *Medicaid Certified School Match Program Coverage and Limitations Handbook*, (rev. Jan. 2005), available at <http://sss.usf.edu/Resources/format/pdf/MedicaidCertifiedSchoolMatchDec2005.pdf> (last visited Jan. 31, 2020).

<sup>5</sup> Agency for Health Care Administration, *House Bill 81 Analysis* (Oct. 21, 2019) (on file with the Senate Committee on Health Policy).

<sup>6</sup> *Supra* note 2.

<sup>7</sup> *Supra* note 4.

<sup>8</sup> *See* ss. 409.9071 and 409.9072, F.S.

<sup>9</sup> *Supra* note 2.

<sup>10</sup> *Id.*

policy update is not reflected in the current Florida Statutes and recipients under the program in this state must still qualify for Part B or H of the IDEA, qualify for exceptional student services, or have an IEP or an IFSP.

### **Florida Medicaid Certified School Match Coverage and Limitations Handbook (handbook)**

Under the statutory authority of s. 409.919, F.S., the AHCA adopted Florida Administrative Code Rule 59G-4.035 which incorporates the handbook by reference. The rule requires that all school district providers enrolled in Medicaid under the certified school match program are in compliance with the handbook. The handbook was last published in January of 2005 for the purpose of furnishing a Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided under the program to eligible Florida Medicaid recipients.<sup>11</sup>

### **Private and Charter School Providers**

In 2016, the Florida Legislature created s. 409.9072, F.S., to authorize the AHCA to reimburse private schools for providing Medicaid school-based services identical to those offered under the Medicaid certified school match program and under the same eligibility criteria as children eligible for services under that program.<sup>12</sup> Unlike school districts, however, private and charter schools do not use certified public expenditures or other local funds as a match to draw down federal Medicaid funding. Instead, the Legislature has appropriated state general revenue to serve as matching funds.<sup>13</sup> Currently, one charter school is enrolled and delivering services in the Florida Medicaid program.<sup>14</sup>

## **III. Effect of Proposed Changes:**

**Section 1** amends s. 409.9072, F.S., to remove a requirement that health care practitioners who are employed by or contracted with a private or charter school to independently enroll in Florida Medicaid to deliver Medicaid-covered school-based services. The bill would instead require such practitioners to meet the qualifications specified in federal law in 42 C.F.R. s. 440.110, or the provider qualifications as set forth in the Florida Medicaid Certified School Match Coverage and Limitations Handbook. Currently, s. 409.9072, F.S., already requires that providers meet the qualifications in 42 C.F.R. s. 440.110, as applicable for that provider type.

Under the bill, public school districts must attest that their health care practitioners meet the qualifications outlined in Medicaid policy, but those practitioners need not be enrolled as providers in the Medicaid program.<sup>15</sup> This bill aligns the requirements for private and charter schools with those that are in place for public school districts.

**Section 2** provides an effective date of July 1, 2020.

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<sup>11</sup> *Supra* note 4.

<sup>12</sup> House of Representatives Health Care Appropriations Subcommittee, *Final Bill Analysis: HB 5101* (March 23, 2016), available at <http://www.flsenate.gov/Session/Bill/2016/5101/Analyses/h5101z.HCAS.PDF> (last visited Jan. 31, 2020).

<sup>13</sup> See Chapter 2016-65, s. 18, L.O.F., available at <http://laws.flrules.org/2016/65> (last visited Jan. 31, 2020).

<sup>14</sup> *Supra* note 5.

<sup>15</sup> Agency for Health Care Administration, *Senate Bill 1650 Agency Summary Bill Analysis & Economic Impact Statement* (Jan. 30, 2020) (on file with the Senate Committee on Health Policy).

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

## D. State Tax or Fee Increases:

None.

## E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

Individuals who are providing or will seek to provide covered services in a private or charter school under the program will be relieved of the duty to enroll in Florida Medicaid as providers.

## C. Government Sector Impact:

To implement the changes in SB 1650, the AHCA will need to modify the Florida Medicaid Management Information System to undo programming that has been put in place to implement the current law.<sup>16</sup> This change can be absorbed within existing resources.<sup>17</sup>

**VI. Technical Deficiencies:**

None.

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<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 409.9072 of the Florida Statutes.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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