

Provider Notice

To: All Providers
Subject: Medicaid Behavioral Health Services – Provider Guidance
Notice Date: August 1, 2025

Dear Provider,

Community Care Plan (“CCP”) requires all Medicaid Behavioral Health Servicing Providers and Groups to follow Florida Agency for Health Care Administration (“AHCA”) Medicaid Rules, Service-Specific Policies and guidelines. This Provider Guidance summarizes key requirements for Medicaid Behavioral Health Services. Please refer to [AHCA Adopted Rules](#) and Service-Specific Policies at [Adopted Rules - Service Specific Policies](#).

Applicable AHCA Coverage Policies

- 59G-4.028: Behavioral Health Assessment Services
- 59G-4.029: Behavioral Health Medication Management
- 59G-4.031: Behavioral Health Community Support Services
- 59G-4.052: Behavioral Health Therapy Services
- 59G-4.370: Behavioral Health Intervention Services

Provider Enrollment & Billing Requirements

- The group must be eligible and enrolled as Florida Medicaid Provider Type 05 (Community Behavioral Health Services) to provide and bill Medicaid Behavioral Health Services
- Provider Type 05 groups are required to bill for services using the Florida Medicaid Community Behavior Health Fee Schedule
- All servicing and/or supervising providers must be employed/contracted with the Florida Medicaid Provider Type 05 group
- Individual providers (may be servicing or supervising) eligible to enroll with Florida Medicaid linked to the group must be enrolled as one of the following:
 - Provider Type 07 – Specialized Therapeutic Services
 - Provider Type 25 – Physician (M.D.)
 - Provider Type 26 – Physician (D.O.)

- At least one group provider must be an enrolled physician (Type 25 or 26).
- Servicing providers eligible to deliver services under the applicable AHCA Coverage Policy but unable to enroll with Florida Medicaid must be directly supervised by an eligible Florida Medicaid enrolled provider in order to render services to Medicaid members
- Providers who render services to Medicaid members but are not properly enrolled as or supervised by a Florida Medicaid enrolled provider are ineligible to render services under the applicable AHCA Coverage Policy and are subject to claims denial, claims recovery and/or legal or regulatory action

Supervision Requirements

- Personal Supervision Requirements (AHCA Rule 59G-5.020): Supervisor must be on-site and sign records within 24 hours.
- If not meeting AHCA standard noted above, supervision must comply with:
 - Florida Statute Chapter 394
 - Florida Statute Chapter 491
 - Florida Rule 64B4
- Lack of adequate supervision and/or documentation of adequate supervision may result in claim denial, recovery, and/or legal or regulatory action.

Key Takeaways

- Only groups enrolled as Florida Medicaid Provider Type 05 groups may bill CCP for Behavioral Health Services under Florida Medicaid.
- Servicing providers must be properly enrolled with Florida Medicaid and/or supervised, as applicable.
- Groups must maintain documentation of Servicing and/or Supervising Provider credentials and supervision. Groups must provide this documentation as requested in CCP audits.
- Please refer to applicable AHCA rules and fee schedule for full details.

If you have any questions, please contact your assigned Provider Operations Representative or reach out to our Provider Operations Hotline at 1-855-819-9506

Thank you for your continued partnership.

Warm regards,

Community Care Plan