

# Healthy Students, Promising Futures

## School Medicaid Survey

### About the Survey

The School Medicaid Survey was developed to provide visibility into how each state sets up its school Medicaid program and to enable states to find programs that might be similar to theirs.

Schmidt Fellow Sarah Broome, a consultant to Healthy Schools Campaign, contacted state Medicaid and state education agency staff between April and December of 2022 and gathered information during phone interviews and via a written survey. The [appendix](#) notes the date of contact with each state. Once the self-reported information was compiled, participants were given an opportunity to review and offer corrections.

**Note:** State policies, materials and rules can change at any time, affecting the results of this survey. HSC strongly encourages contacting the appropriate state agency to verify the status of specific policies.

For updates and corrections, please contact: [info@healthystudentspromisingfutures.org](mailto:info@healthystudentspromisingfutures.org)

### Acknowledgments

This project was supported by Schmidt Futures, a philanthropic initiative of Eric and Wendy Schmidt.

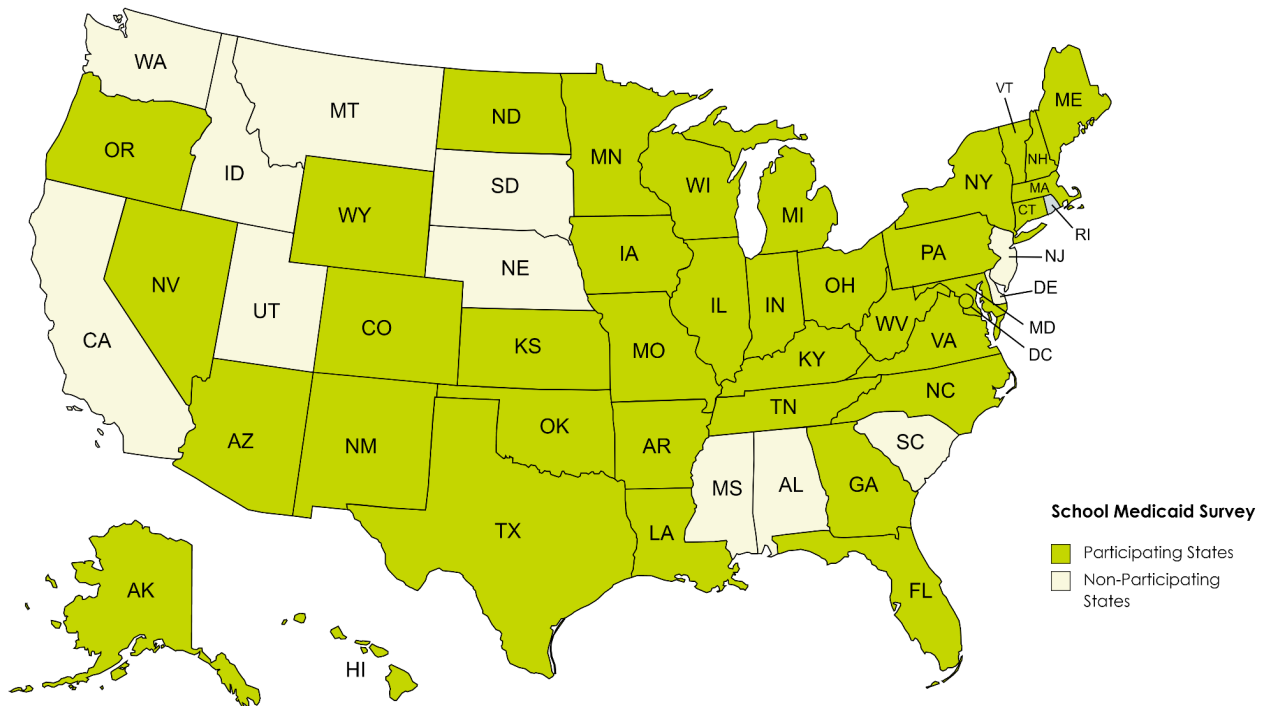


# State Participation

All 50 states plus the District of Columbia (D.C.) were invited to participate in the survey. A total of 38 states and D.C. responded.

## Participating States

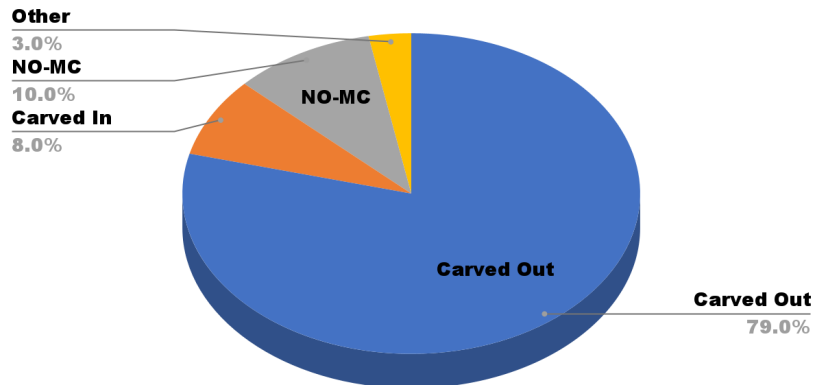
Alaska	Illinois	Missouri	Pennsylvania
Arkansas	Indiana	North Carolina	Rhode Island
Arizona	Kansas	North Dakota	Texas
Colorado	Kentucky	New Hampshire	Tennessee
Connecticut	Louisiana	New Mexico	Virginia
D.C.	Massachusetts	Nevada	Vermont
Florida	Maryland	New York	Wisconsin
Georgia	Maine	Ohio	West Virginia
Hawaii	Michigan	Oklahoma	Wyoming
Iowa	Minnesota	Oregon	



# Survey Questions

## 1. Do local education agencies (LEAs) in the state bill Medicaid directly, or do they bill managed care plans?

In most states, school programs are “carved out” — meaning they claim directly through the state Medicaid agency. However, there are several states where the Medicaid program is “carved in,” in which case the schools must bill individual managed care plans. Some states do not have managed care programs; these are identified as Not a Managed Care State, or NO-MC.



### States with school programs carved out:

- |          |                |               |
|----------|----------------|---------------|
| Arizona  | Kentucky       | North Dakota  |
| Arkansas | Louisiana      | Ohio          |
| Colorado | Maryland       | Oregon        |
| D.C.     | Massachusetts  | Pennsylvania  |
| Florida  | Michigan       | Rhode Island  |
| Georgia  | Missouri       | Texas         |
| Hawaii   | Nevada         | Virginia      |
| Illinois | New Hampshire  | West Virginia |
| Indiana  | New Mexico     | Wisconsin     |
| Iowa     | New York       |               |
| Kansas   | North Carolina |               |

### States with school programs carved in:

- Oklahoma
- Tennessee

### Not a managed care state:

- Alaska
- Connecticut
- Maine
- Vermont

### Other (does not match any of the above categories)

Minnesota – IEP services are carved out and non-IEP services are carved in

## 2. Has the state updated its state Medicaid plan to allow billing for services outside the IEP?

In 2014, CMS allowed states to update their state Medicaid plan to allow LEAs to bill for services included in plans of care other than an Individualized Education Plan (IEP).

*(Note: States that updated their plans in 2023, after the survey was completed, are marked with an asterisk. For the most **up-to-date list of states** that have expanded their school Medicaid program, including those that did not respond to the survey, view the [Free Care Reversal State Activity Brief](#).)*

### **States that have fully expanded to all direct services (with an approved state plan amendment (SPA) or our state did not require a SPA to expand):**

Arizona	Louisiana	North Carolina
Colorado	Massachusetts	North Dakota
Connecticut	Michigan	Nevada
Florida	Minnesota	Oregon*
Illinois*	Missouri	Tennessee
Kentucky	New Mexico*	

### **States that have expanded for some direct services (with an approved SPA or our state did not require a SPA to expand):**

Arkansas  
Georgia  
New Hampshire

### **States that have submitted a SPA to expand services and are awaiting approval:**

Virginia

### **States that are preparing to submit a SPA to expand services:**

Indiana  
New York

### **States that are exploring expanding services:**

Hawaii  
Ohio  
Wisconsin

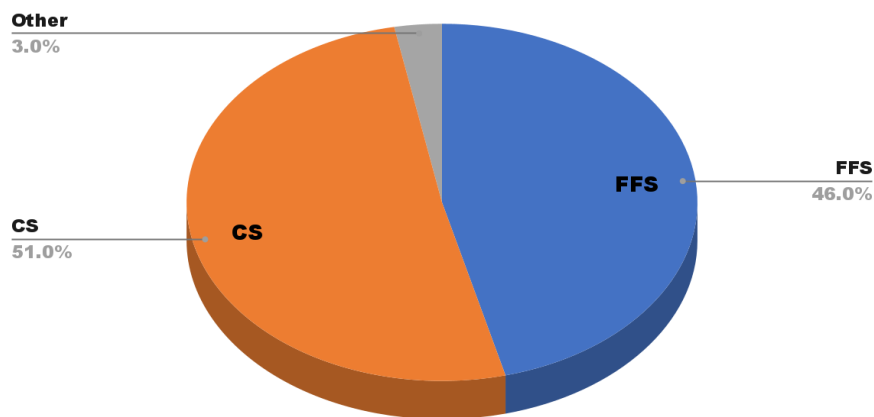
### **States that currently are not exploring expanding services:**

Alaska	Maryland	Vermont
D.C.	Oklahoma	West Virginia
Iowa	Pennsylvania	Wyoming
Kansas	Rhode Island	
Maine	Texas	

### 3. Which reimbursement methodology do states use?

In fee-for-service states, LEAs submit claims that reflect the services provided and are reimbursed the federal share of a set amount of funds for those services. In cost-settlement states, LEAs continue to submit interim claims that mimic the fee-for-service process, but their true reimbursement is determined at the end of the year based on costs.

A cost settlement reimbursement is calculated by starting with the total amount of state and local funds the LEA spent on providing the services and reducing it based on the LEA's percentage of Medicaid-enrolled students, the state's specific time capture methodology and the Federal Medicaid Assistance Percentage (FMAP) of the state.



#### Fee for service (FFS) states:

Alaska	Maine	Rhode Island
Arkansas	Maryland	Tennessee
Florida	Nevada	Vermont (uses a case rate methodology)
Hawaii	New Hampshire	Wyoming
Indiana	North Dakota	
Iowa	Oklahoma	
Kansas	Oregon	

#### Cost settlement (CS) states:

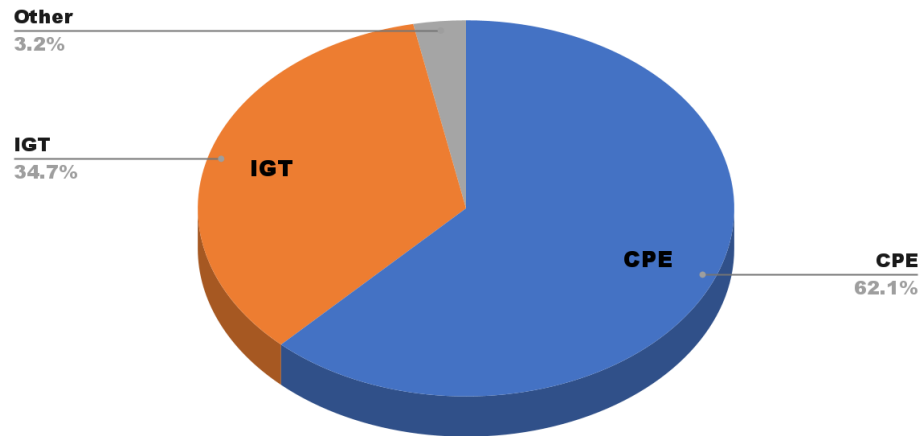
Arizona	Kentucky	North Carolina
Colorado	Louisiana	Ohio
Connecticut	Massachusetts	Pennsylvania
D.C.	Michigan	Texas
Georgia	Missouri	Virginia
Illinois	New Mexico	Wisconsin
	New York	West Virginia

**Other** (does not match any of the above categories)

Minnesota uses cost settlement for IEP services and fee for service for free care services.

**4. For the state’s share of the Medicaid match, are Certified Public Expenditures (CPE) or Intergovernmental Transfers (IGT) used?**

LEAs are required to provide the state share of Medicaid funds, and there are two methodologies to verify those funds. In CPE states, LEAs sign a verification statement saying they spent the state and local funds on these services (records can be checked during an audit). LEAs then receive the federal share of the reimbursement or cost settlement. In states that use IGT, the funds are moved from either the LEA or SEA to the Medicaid agency and are paired with the federal funds. The total amount is then sent back to the LEA.



**Certified public expenditures states:**

- |             |                |               |
|-------------|----------------|---------------|
| Arizona     | Kentucky       | New Mexico    |
| Colorado    | Louisiana      | Oklahoma      |
| Connecticut | Massachusetts  | Pennsylvania  |
| D.C.        | Michigan       | Rhode Island  |
| Florida     | Minnesota      | Virginia      |
| Georgia     | Missouri       | Wisconsin     |
| Illinois    | North Carolina | West Virginia |
| Kansas      | New Hampshire  |               |

**Intergovernmental transfers states:**

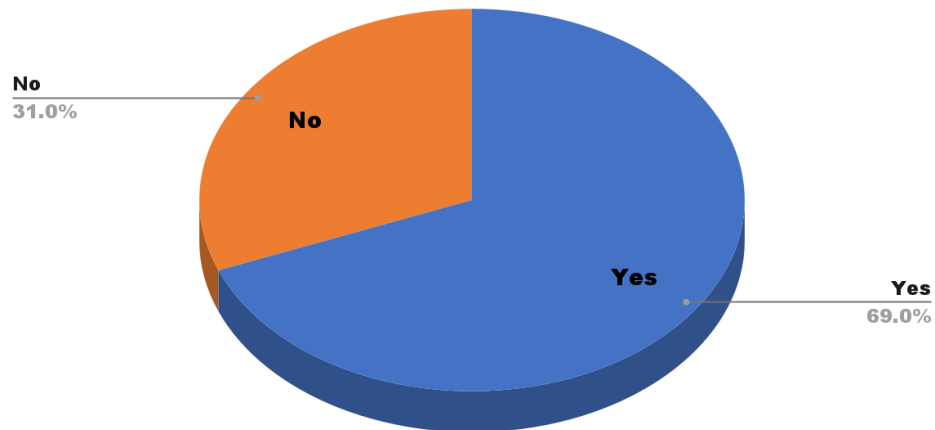
- |          |              |         |
|----------|--------------|---------|
| Alaska   | Maryland     | Ohio    |
| Arkansas | Maine        | Oregon  |
| Hawaii   | North Dakota | Wyoming |
| Iowa     | Nevada       |         |
| Indiana  | New York     |         |

**Other (does not match any of the above categories)**

- Tennessee – Not applicable
- Texas - Unknown
- Vermont - Unknown

## 5. Does the state participate in administrative claiming?

Administrative claiming (also known as Medicaid Administrative Claiming, or MAC) allows LEAs to claim reimbursement for certain administrative activities. Participating in a MAC program requires running a Random Moment Time Study. Not all states participate in this process, particularly those that are reimbursed as fee-for-service states.



### States participating in administrative claiming:

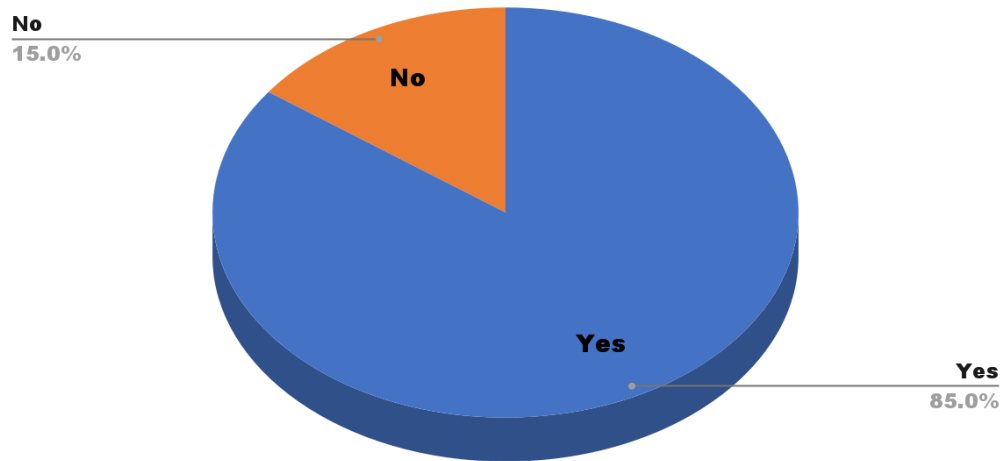
Arkansas	Kansas	Nevada
Arizona	Kentucky	Ohio
Colorado	Louisiana	Pennsylvania
Connecticut	Massachusetts	Rhode Island
Florida	Michigan	Texas
Georgia	Minnesota	Virginia
Hawaii	Missouri	Vermont
Illinois	North Carolina	Wisconsin
Indiana	New Mexico	West Virginia

### States not participating in administrative claiming:

Alaska	Maine	Oklahoma
D.C.	North Dakota	Oregon
Iowa	New Hampshire	Tennessee
Maryland	New York	Wyoming

## 6. Are LEAs in the state responsible for 100% of the state match?

LEAs are required to provide the state share of Medicaid funds in order to access federal reimbursements. In most states, LEAs are responsible for 100% of the state share; however, in a few states, the SEA may provide some of the funds towards the state share.



### Yes, LEAs are responsible for 100% of the state share:

Alaska	Kansas	New Hampshire
Arkansas	Kentucky	New Mexico
Arizona	Louisiana	Nevada
Colorado	Massachusetts	New York
DC	Maryland	Ohio
Florida	Maine	Oklahoma
Georgia	Michigan	Pennsylvania
Hawaii	Minnesota	Rhode Island
Iowa	Missouri	Virginia
Illinois	North Carolina	Wisconsin
Indiana	North Dakota	West Virginia

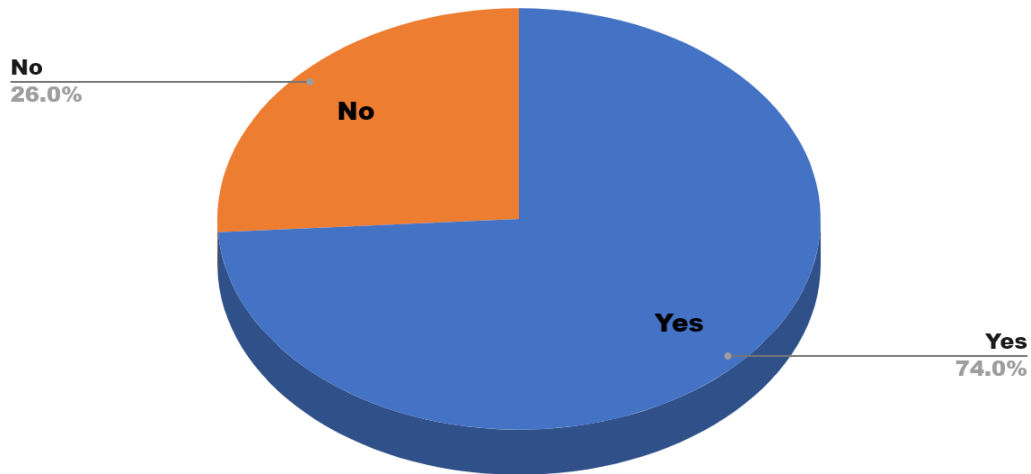
### No, LEAs are not responsible for 100% of the state share:

Connecticut  
Oregon  
Texas  
Tennessee  
Vermont  
Wyoming



## 7. Does the state allow charter schools to claim Medicaid reimbursement?

Charter schools are public schools that receive public funding but are operated by private organizations. In a majority of states, charter schools are permitted to claim Medicaid reimbursement.



### Yes, charter schools can claim Medicaid reimbursement:

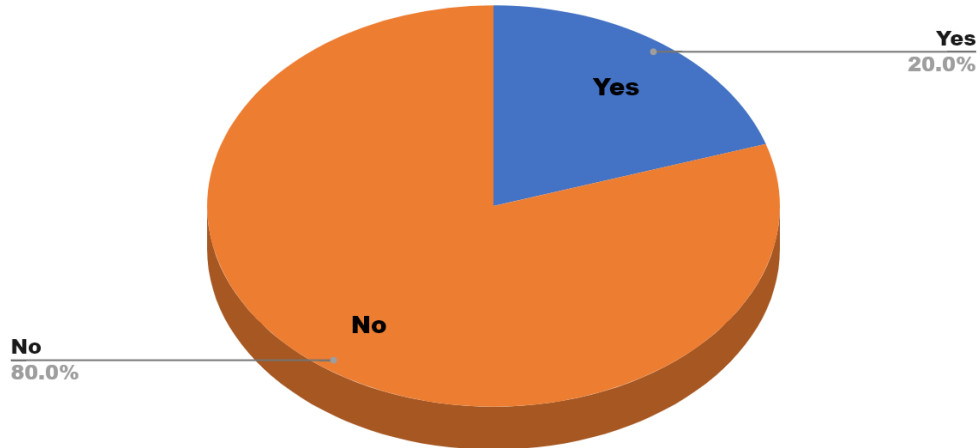
Alaska	Illinois	New Mexico
Arkansas	Indiana	Nevada
Arizona	Kansas	Ohio
Colorado	Louisiana	Oklahoma
Connecticut	Massachusetts	Pennsylvania
D.C.	Maine	Rhode Island
Florida	Michigan	Texas
Georgia	Minnesota	Tennessee
Hawaii	Missouri	Wisconsin
Iowa	North Carolina	

### No, charter schools cannot claim Medicaid reimbursement:

Kentucky	New York	West Virginia
Maryland	Oregon	Wyoming
North Dakota	Virginia	
New Hampshire	Vermont	

**8. Does the state allow private schools to claim Medicaid reimbursement?**

Private schools are schools that operate independently and without state funding. *Note: This question is specific to private schools themselves claiming reimbursement. It does not include situations where LEAs place students in private programs and bill for those programs through the LEA.*



**Yes, private schools can claim Medicaid reimbursement:**

- |          |          |              |
|----------|----------|--------------|
| Arkansas | Maine    | Rhode Island |
| D.C.     | Michigan | Tennessee    |
| Florida  | Ohio     |              |

**No, private schools cannot claim Medicaid reimbursement:**

- |             |                |               |
|-------------|----------------|---------------|
| Alaska      | Louisiana      | Oklahoma      |
| Arizona     | Massachusetts  | Oregon        |
| Colorado    | Maryland       | Pennsylvania  |
| Connecticut | Minnesota      | Texas         |
| Georgia     | Missouri       | Virginia      |
| Hawaii      | North Carolina | Vermont       |
| Iowa        | North Dakota   | Wisconsin     |
| Illinois    | New Hampshire  | West Virginia |
| Indiana     | New Mexico     | Wyoming       |
| Kansas      | Nevada         |               |
| Kentucky    | New York       |               |

**9. What percentage of LEAs in the state participate in administrative claiming?**

<b>0-24%</b>	<b>25-49%</b>	<b>50-74%</b>	<b>75-100%</b>
Ohio (0%)	North Carolina (33%)**	Indiana (52%)	Virginia (83%)
Nevada (6%)	Oregon (37%)	Louisiana (57%)	Rhode Island (91%)
Arizona (15%)	Colorado (43%)	Georgia (62%)	Arkansas (91%)
		Connecticut (73%)	Massachusetts (91%)
		New Mexico (74%)	Missouri (95%)
			Wisconsin (96%)
			Illinois (96%)
			Kentucky (96%)
			Florida (100%)
			Hawaii (100%)
			Kansas (100%)
			Michigan (100%)
			Pennsylvania (100%)
			West Virginia (100%)

*\*This chart only includes information for states that participate in administrative claiming.*

*\*\*In North Carolina, charter schools, which represent roughly 60% of all schools, were added to billing in 2022; 100% of traditional schools bill Medicaid.*

**Unknown**

Texas

Vermont

**10. What percentage of LEAs in the state participate in direct service claiming?**

<b>0-24%</b>	<b>25-49%</b>	<b>50-74%</b>	<b>75-100%</b>
Wyoming (10%)	North Carolina (27%)**	Indiana (57%)	Massachusetts (75%)
Alaska (11%)	Oregon (32%)	Louisiana (57%)	Pennsylvania (77%)
Arizona (15%)	Tennessee (34%)	Missouri (63%)	Minnesota (79%)
Oklahoma (19%)	Maine (40%)	Georgia (63%)	Virginia (84%)
	Colorado (43%)	New Hampshire (67%)	New York (86%)
	Nevada (47%)	Ohio (70%)	Iowa (86%)
	North Dakota (48%)	Connecticut (73%)	Rhode Island (91%)
		New Mexico (74%)	Arkansas (91%)
			Wisconsin (92%)
			Kentucky (96%)
			Illinois (98%)
			Florida (100%)
			Hawaii (100%)
			Kansas (100%)
			Maryland (100%)
			Michigan (100%)
			Vermont (100%)
			West Virginia (100%)

*\*\*In North Carolina, charter schools, which represent roughly 60% of all schools, were added to billing in 2022; 78% of traditional schools bill Medicaid for direct services.*

**Unknown**

D.C.

Texas

**11. How many Medicaid agency staff members support the school-based Medicaid program?**

0	1	2	3	4+
Arkansas	Alaska	Colorado	Illinois	D.C. (approx. 4)
Tennessee (.2)	Hawaii	Connecticut	Maryland	Louisiana (4)
Vermont	Kentucky	Kansas	Missouri	Michigan (4)
Iowa (.2)	Massachusetts	Minnesota	New York	Florida (4)
	Maine	North Carolina		New Mexico (5)
	North Dakota	Oregon		Ohio (5)
	Oklahoma	Wisconsin		Arizona (6)
	Rhode Island	West Virginia		Georgia (6)
		Nevada (2.5)		New Hampshire (no full-time staff, 6 staff work part-time)
	Virginia (2; 1 FTE)			Pennsylvania (multiple)
	Wyoming			

*\*Variations are noted in parentheses*

**Unknown**

Indiana  
Texas

**12. How many SEA staff members support the school-based Medicaid program?**

0	1	2	3	4+
Alaska	Florida	Kentucky	D.C. (2-3)	New York (4)
Arizona	Iowa	Michigan	Maryland	Nevada (4.5)
Georgia	Kansas	North Carolina	Wisconsin	Vermont (6)
Illinois	Louisiana	Ohio		Arkansas (7)
Massachusetts	Minnesota			Hawaii (12)
Maine	New Mexico			
Missouri	Oregon			
North Dakota	Rhode Island			
New Hampshire	Texas			
Tennessee	Virginia			
Wyoming	West Virginia			
	Indiana (1.25)		Pennsylvania (a few)	
	Colorado (1.5)			

*\*Any variations are noted in parenthesis*

**Unknown**

Connecticut  
Oklahoma

### 13. What type of administrative fee is charged to the LEAs?

Many states charge LEAs some type of fee for administering the program. In most cases, this fee is a percentage of the federal revenue brought in by the program. In a few states, instead of a percentage, LEAs are sent a bill for their prorated share of the cost of the program.

#### No administrative fee is charged

Alaska	Indiana	Ohio
Arkansas	Iowa	Oklahoma
Connecticut	Maryland	Rhode Island
D.C.	Nevada	Tennessee
Florida	New Hampshire	Wyoming
Hawaii	North Dakota	

#### 0-5% fee

Texas	1%
Oregon	up to 1.5% IGT reviewed and flexed, dependent upon collected amount to administer
Colorado	2.50%
Illinois	4%
Kansas	4%
Missouri	0-5%
Arizona	5%

#### 6% and above fee

Louisiana	15% for nursing and therapy, 5% for behavioral health
Georgia	16%
Kentucky	Kentucky Department of Education, runs the MAC program and RMTS for both MAC and direct services independent from the Medicaid agency and contracts with PCG with 25% admin fee of MAC. The Medicaid agency then contracts with Fairbanks to do the cost settlement and audits for an additional fee.
Vermont	Up to 30%
Michigan	40% for non-free care services, 5% for free care expansion
Wisconsin	40% on the total SBS FED share, 10% on the total MAC FED share
Virginia	The Medicaid agency retains 5% of each school division's direct service reimbursement and 50% of each school division's administrative cost reimbursement.
Pennsylvania	50%
New York	Retains 86.95% of the annual federal payment associated with Certified Public Expenditure claim. LEAs retain 50% of interim claiming but are not required to pay back any overpayments determined by cost settlement.

### Other Methodologies

Massachusetts	Charges the LEAs exactly the cost of administering the program, and calculates each LEA's proportional share based on their claiming volume.
New Mexico	Statewide vendor fee for RMTS, Admin Claiming & Direct Services Cost Reporting. No admin fee, but they pay 50% of the vendor contract billed to each LEA based on submitted claims, and then the Medicaid agency uses that to pull down matching FFP.
Minnesota	Invoice sent to cover the cost of administering the program

### Unknown

Maine  
North Carolina  
West Virginia

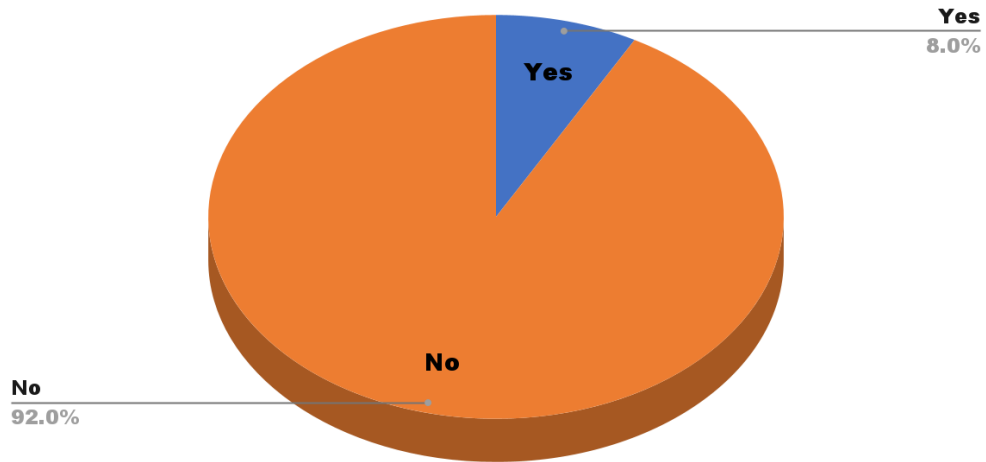
### 14. How frequently does the state audit LEA school Medicaid programs?

State	Frequency
Arizona	1. Annual desk reviews 2. Health aide prepayment reviews 3. Comprehensive compliance review on all participating LEAs at least once every four years
Arkansas	Depends on the service; Medicaid audits some services quarterly and some are random.
Florida	Quarterly review of RMTS and annual monitoring of fee for service claims.
Colorado	Desk reviews and other compliance reviews completed every year for 100% of LEAs. At least 1/3 of LEAs have comprehensive audits every year.
Illinois	Annually
Kansas	Every year; LEAs are randomly selected to be audited.
Kentucky	Annually
Maryland	Annually
New York	Ideally annually
Ohio	Annually
Texas	Texas Education Agency – quarterly desk reviews; risk analysis driven on-site reviews.
Wisconsin	All school districts and charter schools undergo desk reviews as part of the annual SBS cost settlement process. In addition, the state conducts monitoring reviews of a subset of districts and schools every year.
Alaska	Every 2 years
Rhode Island	Every other year
Vermont	We require a minimum # of audits each year, and each LEA has a group audit every other year.
West Virginia	18-month cycle for documentation, and cost reports are audited annually for settlements.

Georgia	At least once every 3 years.
Hawaii	Every 3 years
Louisiana	Every 3 years
New Mexico	Every 4 years
Michigan	Varies according to risk analysis, average of every 5 years.
Connecticut	Medicaid program staff do not audit LEAs.
Maine	N/A
Nevada	N/A
North Carolina	We have not had an active audit in 8 years.
North Dakota	There isn't a particular frequency by which LEAs are audited.
Virginia	We do not perform audits of the LEAs at this time.
Wyoming	(School-Based Services Program went live July 2022.)
D.C.	Unknown
Iowa	Unknown
Indiana	Multiple agencies and vendors audit on differing schedules per school claiming option (admin. vs medical services).
Massachusetts	This is done in multiple ways.
Minnesota	Audits are performed by our OIG unit — Surveillance and Integrity Review Section (SIRS).
Missouri	Missouri Medicaid Audit and Compliance (MMAC) audits randomly. Contractor audits randomly selected schools quarterly for Cost Pool provider reviews (licensure & credentials); Cost Pool review of salaries and fringe and job title review to verify personnel roster.
New Hampshire	The state does regular audits of the LEAs, approximately 12 per year.
Oklahoma	On a rotation basis, no specific time frame.
Oregon	This is done in multiple ways.
Pennsylvania	Often, based on statistical sample.
Tennessee	The TennCare MCOs perform retrospective audits, at least annually, to assess the LEAs' compliance with billing for covered, medically necessary services in the IEP and IHP.



**15. Are LEAs required to participate in the school-based Medicaid program?**



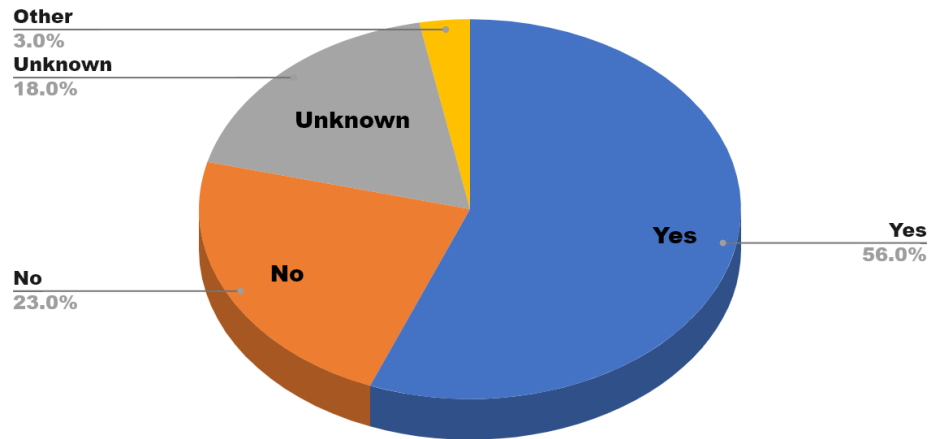
**Yes, LEAs are required to participate:**

- Connecticut
- Hawaii
- Minnesota (IEP services only)

**No, LEAs are not required to participate:**

- |           |                |               |
|-----------|----------------|---------------|
| Alaska    | Florida        | Ohio          |
| Arkansas  | Massachusetts  | Oklahoma      |
| Arizona   | Maine          | Oregon        |
| Colorado  | Maryland       | Pennsylvania  |
| D.C.      | Michigan       | Rhode Island  |
| Georgia   | Missouri       | Texas         |
| Iowa      | North Carolina | Tennessee     |
| Illinois  | North Dakota   | Virginia      |
| Indiana   | New Hampshire  | Vermont       |
| Kansas    | New Mexico     | Wisconsin     |
| Kentucky  | Nevada         | West Virginia |
| Louisiana | New York       | Wyoming       |

**16. Is there a Memorandum of Understanding (MOU) in place between the SEA and the Medicaid agency?**



**Yes, an MOU is in place:**

- |           |                |               |
|-----------|----------------|---------------|
| Arizona   | Maryland       | Oklahoma      |
| Colorado  | Michigan       | Pennsylvania  |
| D.C.      | Minnesota      | Texas         |
| Hawaii    | Missouri       | Virginia      |
| Iowa      | New Mexico     | Wisconsin     |
| Kansas    | New York       | West Virginia |
| Kentucky  | North Carolina |               |
| Louisiana | Ohio           |               |

**No, an MOU is not in place:**

- |          |               |              |
|----------|---------------|--------------|
| Florida  | Massachusetts | Rhode Island |
| Georgia  | Maine         | Tennessee    |
| Illinois | Nevada        | Wyoming      |

**Other** (does not match any of the above categories)

Arkansas – the Medicaid In the Schools (MITS) program is at the SEA

**Unknown**

- Alaska
- Connecticut
- Indiana
- North Dakota
- New Hampshire
- Vermont

## 17. What services are allowable in the Medicaid program?

Each state has a distinct set of services that are billable in its Medicaid program.

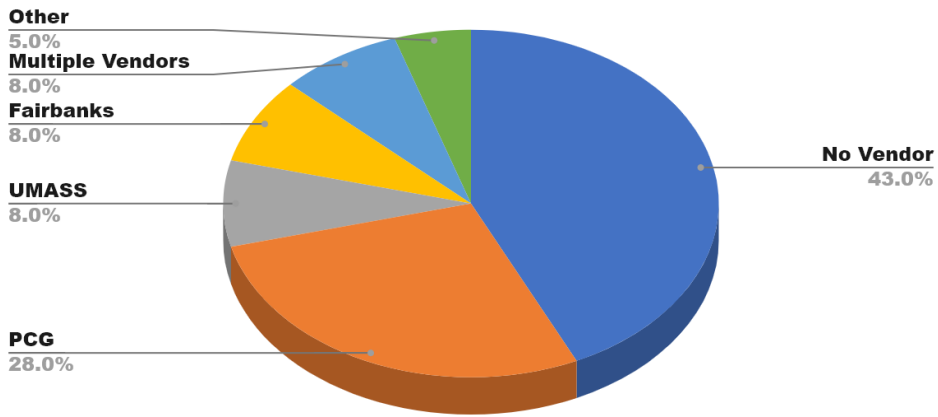
Evaluation or service?	Nursing		Physical Therapy		Occupational Therapy		Speech Language Pathology		Audiology		Behavioral Health		ABA		Personal Care Services		Special Transportation	Care coordination
	S	E	S	E	S	E	S	E	S	E	S	E	S	E	Individual	Group		
Alaska			X	X	X	X	X	X	X	X	X							
Arizona	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Arkansas			X	X	X		X	X	X	X	X	X			X			
Colorado	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Connecticut	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	
D.C.	X	X	X	X	X	X	X	X	X	X	X						X	
Florida	X	X	X	X	X	X	X	X			X	X	X	X			X	
Georgia	X	X	X	X	X	X	X	X	X									
Hawaii	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
Illinois	X	X	X	X	X	X	X	X	X	X	X			X			X	
Indiana	X			X		X	X		X		X		X				X	
Iowa	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	
Kansas	X		X	X	X	X	X	X	X	X	X	X	X	X			X	
Kentucky		X	X	X	X	X	X	X	X	X	X	X			X		X	X
Louisiana	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Massachusetts	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Maine	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Maryland	X		X	X	X	X	X	X	X	X	X						X	
Michigan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Minnesota	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	
Missouri	X		X	X	X	X	X	X	X	X	X	X	X	X			X	
Nevada	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
New Hampshire	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
New Mexico	X	X	X	X	X	X	X	X	X	X	X						X	
New York	X		X	X	X	X	X	X		X	X	X					X	
North Carolina	X	X	X	X	X	X	X	X	X	X	X							
North Dakota	X			X		X	X		X		X		X				X	
Ohio	X		X	X	X	X	X	X	X	X	X						X	
Oklahoma	X	X	X	X	X	X	X	X	X	X	X			X				
Oregon	X	X	X	X	X	X	X	X	X								X	X
Pennsylvania	X		X	X	X	X	X	X	X					X			X	
Rhode Island		X	X		X			X		X				X			X	X
Tennessee	X		X		X		X		X		X		X					
Texas	X		X	X	X	X	X	X	X					X	X	X	X	
Vermont	X	X	X	X	X	X	X	X	X	X	X			X				X
Virginia	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	
Wisconsin	X	X	X	X	X	X	X	X	X	X	X			X			X	
West Virginia	X	X	X		X			X		X		X		X			X	
Wyoming	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			

**18. Does the state use a vendor to support the school-based Medicaid program?**

Many states use one or more statewide vendors to administer some or all of the school Medicaid program. A state agency contracts with the vendor(s) to provide a specific set of services. Vendors cited in this survey include Fairbanks LLC, Pubic Consulting Group (PCG) and ForHealth Consulting at UMass Chan Medical School (UMASS).

*Note: Vendor information reported by states is published here in the aggregate.*

**Statewide Vendors**



**19. For states that use at least one vendor, what service does the vendor provide?**

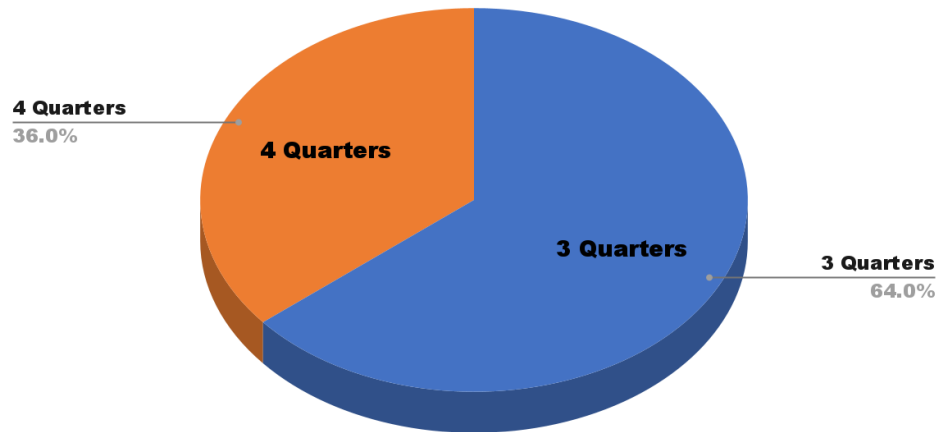
Vendors provide a variety of services to states, from administering a state’s RMTS to training LEAs.

*Note: Vendor information reported by states is published here in the aggregate.*

Service	Percentage of States
Administers the RMTS	90%
Determine Rates	20%
Cost Reports	90%
Audits LEAs	55%
Trains LEAs	70%
Develops Materials	75%
Supports correspondence with CMS	15%

## 20. How many quarters are surveyed for the Random Moment Time Study (RMTS)?

Random Moment Time Studies are conducted on a quarterly basis based on the federal quarters. Since most schools are out of session during the summer, many states choose not to run a time study during the quarter that takes place during the summer.



### States with 3 quarters surveyed:

Arizona	Indiana	Pennsylvania
Colorado	Massachusetts	Texas
Connecticut	Michigan	Virginia
Georgia	North Carolina	West Virginia
Hawaii	New York	
Illinois	Ohio	

### States with 4 quarters surveyed:

Arkansas	Kansas	Missouri
D.C.	Kentucky	New Mexico
Florida	Louisiana	Wisconsin

## 21. How are RMTS non-responses treated?

When a provider does not respond to an RMTS moment, states take different approaches for handling the non-responses.

### States that count RMTS non-responses as a non-Medicaid moment:

Kentucky  
Florida  
Hawaii  
Illinois  
Ohio  
Pennsylvania  
Wisconsin

**States that count RMTS non-responses as a non-Medicaid moment only if the minimum threshold for a statistically valid sample is not met:**

Arizona  
 Connecticut  
 Louisiana  
 Massachusetts  
 Michigan  
 Missouri  
 New Mexico  
 New York  
 North Carolina  
 Virginia  
 West Virginia

**States that set aside RMTS non-responses and do not consider them in the study:**

Arkansas  
 Colorado  
 Georgia  
 Kansas

**Unknown**

D.C.  
 Indiana  
 Texas

**22. Does the state provide advance notice of moments?**

Given the challenges of checking email during a hectic school day, some states allow providers to receive advance notice of moments, though there is variation as to the amount of notice provided.

**States that provide advance notice:**

<b>1 Day</b>	<b>2 Days</b>	<b>3 Days</b>	<b>5 Days</b>	<b>Unknown</b>
Colorado Indiana* Michigan West Virginia	Missouri	Arkansas Indiana* New Mexico Ohio Texas	D.C. Kentucky North Carolina Wisconsin	Georgia Kansas Virginia

*\*Indiana provides notification three days prior and one day prior to the selection of time.*

Plus: Florida alerts providers that they will have a sampled moment that week, but the exact date and time is not provided

**States that do not provide advance notice:**

Arizona	Louisiana
Connecticut	Massachusetts
Hawaii	New York
Illinois	Pennsylvania

## 23. How are the state's RMTS pools set up?

When states create their Random Moment Time Studies, they must decide how they are going to categorize their providers.

### **States with 1 cost pool: Administrative Claiming (MAC) only**

Indiana  
Florida  
Arkansas

### **States with 1 cost pool: Direct Services only**

D.C.  
Ohio

### **States with 2 cost pools: Administrative Claiming (MAC); Direct Services**

Colorado	Georgia	New Mexico
Kentucky	Kansas	Pennsylvania
Missouri	Hawaii	

### **States with 2 cost pools: Direct Services and Administrative Claiming; Administrative Claiming Only**

North Carolina  
Texas

### **States with 3 cost pools: Administrative Claiming (MAC); Nursing/Behavioral Health/Medical Services; Therapy Services**

Connecticut  
Virginia  
Wisconsin

### **States with 3 cost pools: Administrative Claiming (MAC); Direct Services; Personal Care Services:**

Arizona  
Illinois

### **States with 4 cost pools: Administrative Claiming (MAC); Direct Services; Targeted Case Management; Personal Care and Administrative Claiming (MAC):**

West Virginia  
Michigan

**These three states have a cost pool set-up that no other states share:**

***Louisiana***

1. Behavioral Health
2. Nursing
3. Therapy

\*MAC is included in each of these three cost pools and there is no standalone MAC pool

***New York***

1. "Therapy" pool (includes LEA employees who are providers of physical therapy, occupational therapy and speech therapy)
2. "All-other" pool (includes LEA employees who are providers or do medical evaluations, medical specialist evaluations, psychological evaluations, psychological counseling, audiological evaluations, and skilled nursing services)

***Massachusetts***

1. Mental/Behavioral Health
2. Therapy Services
3. Medical Services
4. Administrative Claiming (MAC)



## Appendix: Information Collection Dates

- Alaska — 5/26/2022
- Arizona — 5/3/2022
- Arkansas — 1/3/2023
- Colorado — 4/26/2022
- Connecticut — 5/17/2022
- District of Columbia — 5/2/2022
- Florida — 9/27/2022
- Georgia — 6/27/2022
- Hawaii — 7/18/2022
- Illinois — 11/21/2022
- Indiana — 6/16/2022
- Iowa — 5/11/2022
- Kansas — 7/13/2022
- Kentucky — 5/23/2022
- Louisiana — 4/8/2022
- Massachusetts — 5/9/2022
- Maine — 11/2/2022
- Maryland — 10/25/2022
- Michigan — 6/9/2022
- Minnesota — 5/10/2022
- Missouri — 5/24/2022
- Nevada — 10/6/2022
- New Hampshire — 7/27/2022
- New Mexico — 7/5/2022
- New York — 5/18/2022
- North Carolina — 8/25/2022
- North Dakota — 6/1/2022
- Ohio — 9/30/2022
- Oklahoma — 5/4/2022
- Oregon — 5/24/2022
- Pennsylvania — 11/8/2022
- Rhode Island — 9/16/2022
- Tennessee — 4/22/2022
- Texas — 2/27/2023
- Vermont — 8/23/2022
- Virginia — 5/1/2022
- Wisconsin — 5/26/2022
- West Virginia — 12/21/2022
- Wyoming — 5/19/2022

## Healthy Schools Campaign

Healthy Schools Campaign (HSC) engages stakeholders and advocates for policy changes at local, state and national levels to ensure that all students have access to healthy school environments, including nutritious food, physical activity, and essential health services, so they can learn and thrive. HSC's Healthy Students, Promising Futures initiative supports states and school districts in expanding access to Medicaid-funded school health services. To learn more, visit [healthyschoolscampaign.org](https://healthyschoolscampaign.org) and [healthystudentspromisingfutures.org](https://healthystudentspromisingfutures.org).

*This work is licensed under Creative Commons ([CC BY-NC 4.0](https://creativecommons.org/licenses/by-nc/4.0/))*

