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

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

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):

<table>
<thead>
<tr>
<th>Arizona</th>
<th>Louisiana</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>Massachusetts</td>
<td>North Dakota</td>
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<tr>
<td>Connecticut</td>
<td>Michigan</td>
<td>Nevada</td>
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<tr>
<td>Florida</td>
<td>Minnesota</td>
<td>Oregon*</td>
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<tr>
<td>Illinois*</td>
<td>Missouri</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Kentucky</td>
<td>New Mexico*</td>
<td></td>
</tr>
</tbody>
</table>

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
D.C.
Iowa
Kansas
Maine

Maryland
Oklahoma
Pennsylvania
Rhode Island
Texas

Vermont
West Virginia
Wyoming
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.

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**Fee for service (FFS) states:**
- Alaska
- Arkansas
- Florida
- Hawaii
- Indiana
- Iowa
- Kansas
- Maine
- Maryland
- Nevada
- New Hampshire
- North Dakota
- Oklahoma
- Oregon
- Rhode Island
- Tennessee
- Vermont (uses a case rate methodology)
- Wyoming

**Cost settlement (CS) states:**
- Arizona
- Colorado
- Connecticut
- D.C.
- Georgia
- Illinois
- Kentucky
- Louisiana
- Massachusetts
- Michigan
- Missouri
- New Mexico
- New York
- North Carolina
- Ohio
- Pennsylvania
- Texas
- Virginia
- Wisconsin
- 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
- Colorado
- Connecticut
- D.C.
- Florida
- Georgia
- Illinois
- Kansas
- Kentucky
- Louisiana
- Massachusetts
- Michigan
- Minnesota
- Missouri
- North Carolina
- New Hampshire
- New Mexico
- Oklahoma
- Pennsylvania
- Rhode Island
- Virginia
- Wisconsin
- West Virginia

Intergovernmental transfers states:

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

**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.*

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**Yes, private schools can claim Medicaid reimbursement:**
- Arkansas
- D.C.
- Florida
- Maine
- Michigan
- Ohio
- Rhode Island
- Tennessee

**No, private schools cannot claim Medicaid reimbursement:**
- Alaska
- Arizona
- Colorado
- Connecticut
- Georgia
- Hawaii
- Iowa
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Massachusetts
- Maryland
- Minnesota
- Missouri
- North Carolina
- North Dakota
- New Hampshire
- New Mexico
- Nevada
- New York
- Oklahoma
- Oregon
- Pennsylvania
- Texas
- Virginia
- Vermont
- Wisconsin
- West Virginia
- Wyoming
9. What percentage of LEAs in the state participate in administrative claiming?

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

*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?**

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

**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?**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Alaska</td>
<td>Colorado</td>
<td>Illinois</td>
<td>D.C. (approx. 4)</td>
<td></td>
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<tr>
<td>Tennessee</td>
<td>Hawaii</td>
<td>Connecticut</td>
<td>Maryland</td>
<td>Louisiana (4)</td>
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</tr>
<tr>
<td>Vermont</td>
<td>Kentucky</td>
<td>Kansas</td>
<td>Missouri</td>
<td>Michigan (4)</td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td>Massachusetts</td>
<td>Minnesota</td>
<td>New York</td>
<td>Florida (4)</td>
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<tr>
<td>Maine</td>
<td>North Carolina</td>
<td>New Mexico (5)</td>
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<tr>
<td>North Dakota</td>
<td>Oregon</td>
<td>Ohio (5)</td>
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<tr>
<td>Oklahoma</td>
<td>Wisconsin</td>
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<tr>
<td>Rhode Island</td>
<td>West Virginia</td>
<td>Georgia (6)</td>
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<tr>
<td>Nevada (2.5)</td>
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<tr>
<td>Virginia (2; 1 FTE)</td>
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<tr>
<td>Wyoming</td>
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</tbody>
</table>

*Variations are noted in parentheses*

**Unknown**
Indiana
Texas

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

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>Florida</td>
<td>Kentucky</td>
<td>D.C. (2-3)</td>
<td>New York (4)</td>
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<tr>
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<td>Iowa</td>
<td>Michigan</td>
<td>Maryland</td>
<td>Nevada (4.5)</td>
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<tr>
<td>Georgia</td>
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<td>North Carolina</td>
<td>Wisconsin</td>
<td>Vermont (6)</td>
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<tr>
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<td>Louisiana</td>
<td>Ohio</td>
<td>Arkansas (7)</td>
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<tr>
<td>Massachusetts</td>
<td>Minnesota</td>
<td>New Mexico</td>
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<td>North Dakota</td>
<td>Rhode Island</td>
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<td>New Hampshire</td>
<td>Texas</td>
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<td>Tennessee</td>
<td>Virginia</td>
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<tr>
<td>Wyoming</td>
<td>West Virginia</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Indiana (1.25)</td>
<td></td>
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</tr>
<tr>
<td>Colorado (1.5)</td>
<td></td>
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</tbody>
</table>

*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**

<table>
<thead>
<tr>
<th>State</th>
<th>State</th>
<th>State</th>
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<tbody>
<tr>
<td>Alaska</td>
<td>Indiana</td>
<td>Ohio</td>
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<tr>
<td>Arkansas</td>
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<td>Oklahoma</td>
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<tr>
<td>Connecticut</td>
<td>Maryland</td>
<td>Rhode Island</td>
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<tr>
<td>D.C.</td>
<td>Nevada</td>
<td>Tennessee</td>
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<tr>
<td>Florida</td>
<td>New Hampshire</td>
<td>Wyoming</td>
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<tr>
<td>Hawaii</td>
<td>North Dakota</td>
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</table>

**0-5% fee**

<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>Texas</td>
<td>1%</td>
</tr>
<tr>
<td>Oregon</td>
<td>up to 1.5% IGT reviewed and flexed, dependent upon collected amount to administer</td>
</tr>
<tr>
<td>Colorado</td>
<td>2.50%</td>
</tr>
<tr>
<td>Illinois</td>
<td>4%</td>
</tr>
<tr>
<td>Kansas</td>
<td>4%</td>
</tr>
<tr>
<td>Missouri</td>
<td>0-5%</td>
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<tr>
<td>Arizona</td>
<td>5%</td>
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</tbody>
</table>

**6% and above fee**

<table>
<thead>
<tr>
<th>State</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>15% for nursing and therapy, 5% for behavioral health</td>
</tr>
<tr>
<td>Georgia</td>
<td>16%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>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.</td>
</tr>
<tr>
<td>Vermont</td>
<td>Up to 30%</td>
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<tr>
<td>Michigan</td>
<td>40% for non-free care services, 5% for free care expansion</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>40% on the total SBS FED share, 10% on the total MAC FED share</td>
</tr>
<tr>
<td>Virginia</td>
<td>The Medicaid agency retains 5% of each school division's direct service reimbursement and 50% of each school division's administrative cost reimbursement.</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>50%</td>
</tr>
<tr>
<td>New York</td>
<td>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.</td>
</tr>
</tbody>
</table>
Other Methodologies

<table>
<thead>
<tr>
<th>State</th>
<th>Charges the LEAs exactly the cost of administering the program, and calculates each LEA’s proportional share based on their claiming volume.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>Statewide vendor fee for RMTS, Admin Claiming &amp; 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.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Invoice sent to cover the cost of administering the program.</td>
</tr>
</tbody>
</table>

Unknown

- Maine
- North Carolina
- West Virginia

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

<table>
<thead>
<tr>
<th>State</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| Arizona        | 1. Annual desk reviews  
2. Health aide prepayment reviews  
3. Comprehensive compliance review on all participating LEAs at least once every four years |
<p>| 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.                                   |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Frequency/Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>At least once every 3 years.</td>
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<tr>
<td>Hawaii</td>
<td>Every 3 years</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Every 3 years</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Every 4 years</td>
</tr>
<tr>
<td>Michigan</td>
<td>Varies according to risk analysis, average of every 5 years.</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Medicaid program staff do not audit LEAs.</td>
</tr>
<tr>
<td>Maine</td>
<td>N/A</td>
</tr>
<tr>
<td>Nevada</td>
<td>N/A</td>
</tr>
<tr>
<td>North Carolina</td>
<td>We have not had an active audit in 8 years.</td>
</tr>
<tr>
<td>North Dakota</td>
<td>There isn't a particular frequency by which LEAs are audited.</td>
</tr>
<tr>
<td>Virginia</td>
<td>We do not perform audits of the LEAs at this time.</td>
</tr>
<tr>
<td>Wyoming</td>
<td>(School-Based Services Program went live July 2022.)</td>
</tr>
<tr>
<td>D.C.</td>
<td>Unknown</td>
</tr>
<tr>
<td>Iowa</td>
<td>Unknown</td>
</tr>
<tr>
<td>Indiana</td>
<td>Multiple agencies and vendors audit on differing schedules per school claiming option (admin. vs medical services).</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>This is done in multiple ways.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Audits are performed by our OIG unit — Surveillance and Integrity Review Section (SIRS).</td>
</tr>
<tr>
<td>Missouri</td>
<td>Missouri Medicaid Audit and Compliance (MMAC) audits randomly. Contractor audits randomly selected schools quarterly for Cost Pool provider reviews (licensure &amp; credentials); Cost Pool review of salaries and fringe and job title review to verify personnel roster.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>The state does regular audits of the LEAs, approximately 12 per year.</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>On a rotation basis, no specific time frame.</td>
</tr>
<tr>
<td>Oregon</td>
<td>This is done in multiple ways.</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Often, based on statistical sample.</td>
</tr>
<tr>
<td>Tennessee</td>
<td>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.</td>
</tr>
</tbody>
</table>
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
- Colorado
- D.C.
- Hawaii
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maryland
- Michigan
- Minnesota
- Missouri
- New Mexico
- New York
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- Texas
- Virginia
- Wisconsin
- West Virginia

No, an MOU is not in place:
- Florida
- Georgia
- Illinois
- Massachusetts
- Maine
- Nevada
- Rhode Island
- Tennessee
- 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.

<table>
<thead>
<tr>
<th>State</th>
<th>Nursing</th>
<th>Physical Therapy</th>
<th>Occupational Therapy</th>
<th>Speech Language Pathology</th>
<th>Audiology</th>
<th>Behavioral Health</th>
<th>ABA</th>
<th>Personal Care Services</th>
<th>Special Transportation</th>
<th>Care Coordination</th>
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<tbody>
<tr>
<td>Alaska</td>
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<td>Missouri</td>
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<td>Wyoming</td>
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</table>
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.*

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.*

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administers the RMTS</td>
<td>90%</td>
</tr>
<tr>
<td>Determine Rates</td>
<td>20%</td>
</tr>
<tr>
<td>Cost Reports</td>
<td>90%</td>
</tr>
<tr>
<td>Audits LEAs</td>
<td>55%</td>
</tr>
<tr>
<td>Trains LEAs</td>
<td>70%</td>
</tr>
<tr>
<td>Develops Materials</td>
<td>75%</td>
</tr>
<tr>
<td>Supports correspondence with CMS</td>
<td>15%</td>
</tr>
</tbody>
</table>
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.

![Pie chart showing the distribution of surveyed quarters: 3 Quarters (64.0%) and 4 Quarters (36.0%).]

**States with 3 quarters surveyed:**
- Arizona
- Colorado
- Connecticut
- Georgia
- Hawaii
- Illinois
- Indiana
- Massachusetts
- Michigan
- North Carolina
- New York
- Ohio
- Pennsylvania
- Texas
- Virginia
- West Virginia

**States with 4 quarters surveyed:**
- Arkansas
- D.C.
- Florida
- Kansas
- Kentucky
- Louisiana
- Missouri
- New Mexico
- 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:**

<table>
<thead>
<tr>
<th>1 Day</th>
<th>2 Days</th>
<th>3 Days</th>
<th>5 Days</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>Missouri</td>
<td>Arkansas</td>
<td>D.C.</td>
<td>Georgia</td>
</tr>
<tr>
<td>Indiana*</td>
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<td>Indiana*</td>
<td>Kentucky</td>
<td>Kansas</td>
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<td>Michigan</td>
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<td>Texas</td>
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</tbody>
</table>

*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
Connecticut
Hawaii
Illinois
Louisiana
Massachusetts
New York
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
Kentucky
Missouri
Georgia
Kansas
Hawaii
New Mexico
Pennsylvania

**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 and healthystudentspromisingfutures.org.

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