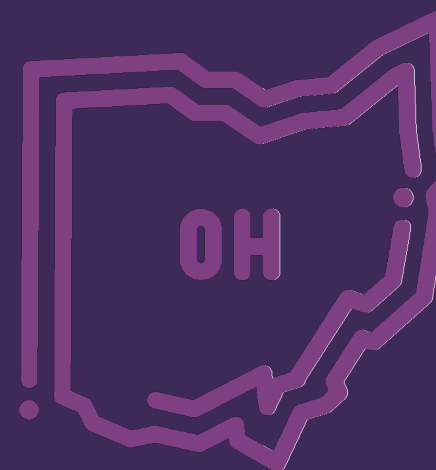


Ohio Medicaid Expansion: What ITCs Need to Know

Presented by Dario Avila (Frontline Education)



Frontline Education – School Medicaid Webinar Series

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Welcome & Introduction

Ohio Medicaid Expansion: What ITCs Need to Know

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Welcome & Introduction

Dario Avila, Frontline Education – Solution Strategist

Mr. Avila holds a Bachelor of Arts degree in Sociology from The University of Texas at Austin. He worked for the Health and Human Services Commission (HHSC) from 2005 – 2019. Much of that time was spent overseeing the day-to-day operations of the School Health and Related Services (SHARS) and Medicaid Administrative Claiming (MAC) programs. He served on the National Alliance for Medicaid in Education (NAME) Board of Directors from 2015 - 2019 and was elected NAME President for the 2018 – 2019 year.

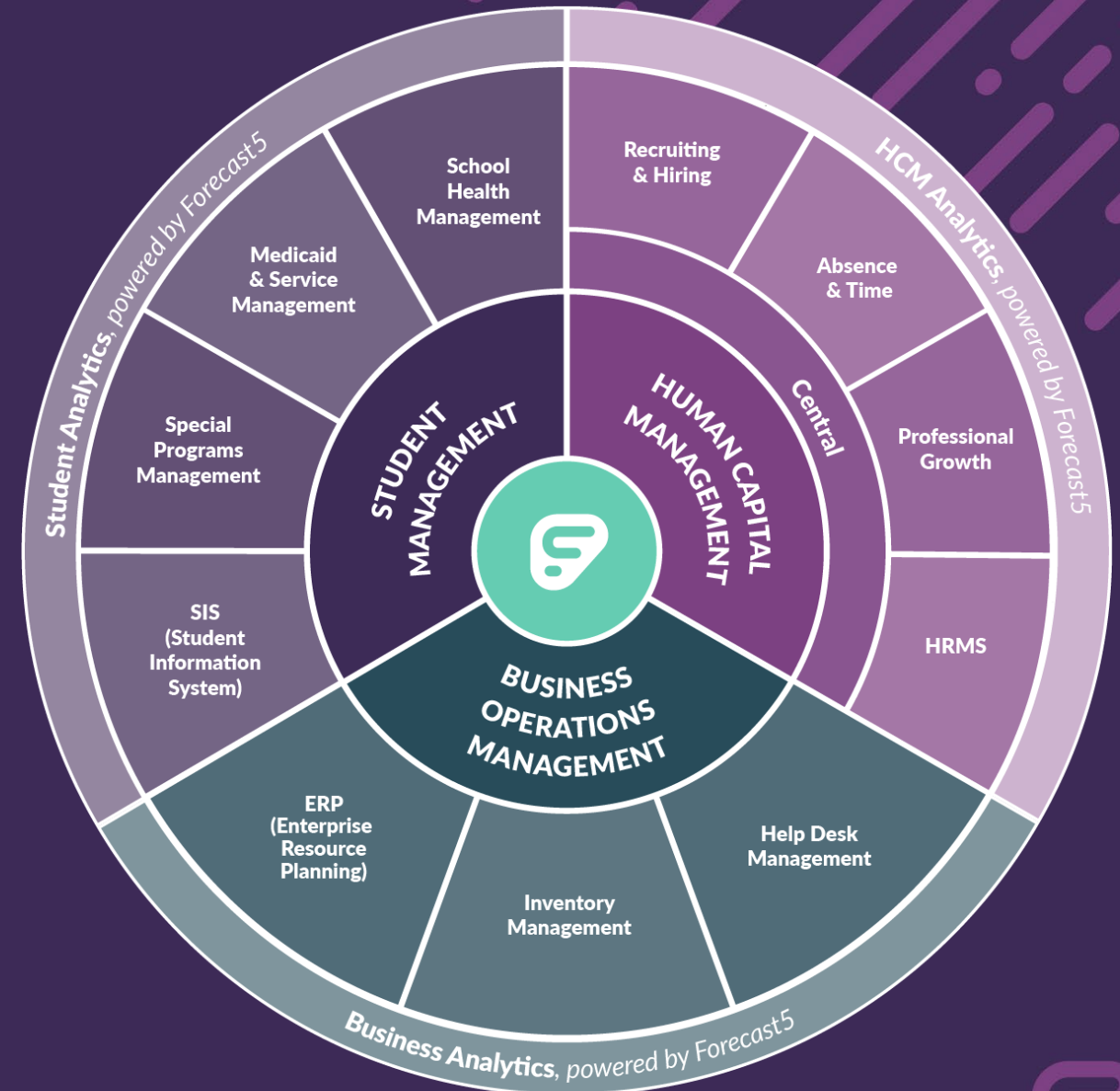
Before joining Frontline, Mr. Avila spent six years with a Medicaid services vendor, where he led sales, marketing, and customer support efforts for school districts across Texas. Today at Frontline Education, Dario serves as a Solution Strategist, partnering across sales, product, implementation, and marketing teams. He supports Medicaid-focused sales engagements, helps districts identify opportunities to strengthen compliance and reimbursement, and remains involved long after implementation to ensure districts continue to succeed. He also plays a key role in shaping product strategy, supporting Medicaid initiatives, and advancing Frontline's thought leadership through webinars and industry education.



What is Frontline?

School administration software
purpose-built for K-12 to
empower educators.

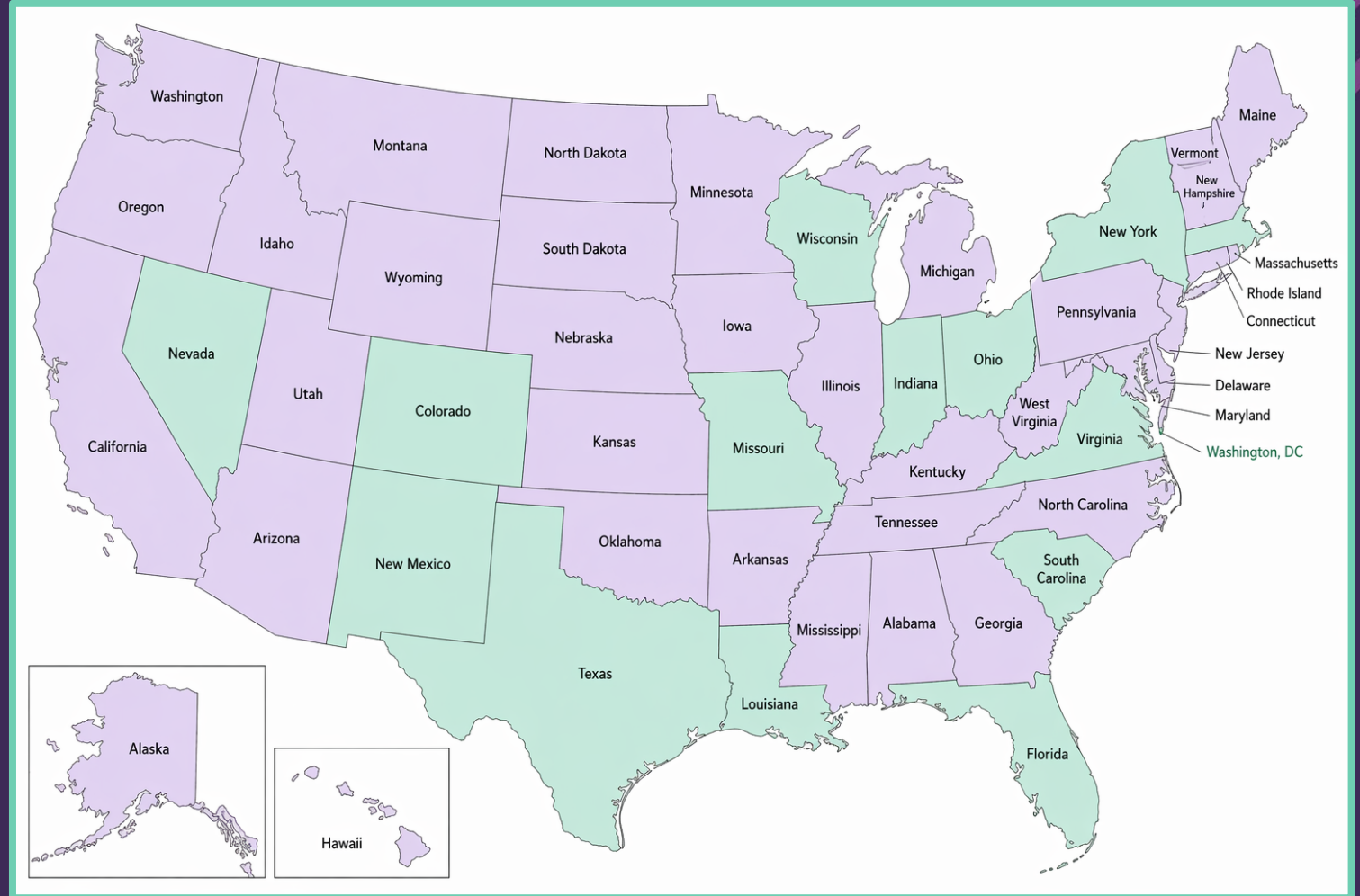
We provide innovative, connected solutions for student and special programs, business operations, and human capital management with powerful data and analytics.



Welcome & Introduction

Frontline Medicaid:

- Over 500 school districts
- 15 states served
- 2.5 million students



We make a difference

- We serve as a **consistent partner** of school districts through every dimension of the company.
- We are comprised of an outstanding team with **domain expertise** and unmatched skills.
- We provide technology that **supports the growth** of people and optimizes processes.
- We leverage best practices, data and insights to **accelerate decision-making**.
- We earn the **trust of K-12 education leaders**.

Frontline exists to enhance efficiency and improve performance so school leaders can focus on strategic initiatives that impact student outcomes.





MSP Overview (Pre-Expansion)

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MSP Overview (Pre-Expansion)

- The Ohio Medicaid School Program (MSP) allows school districts to receive reimbursement for providing health-related services to students enrolled in Medicaid.
- MSP reimburses schools and districts for the federal match associated with school-based Medicaid services expenses
- These services historically have included occupational therapy, physical therapy, speech services, audiology services, nursing, behavioral health, and specialized transportation for students with IEPs.
- Services had to be medically necessary and documented within the IEP.



MSP Overview (Pre-Expansion)

MSP Reimbursable Services:

- Medicaid-covered therapy
 - Speech-Language Pathology
 - Occupational Therapy (OT)
 - Physical Therapy (PT)
 - Audiology Services
- Nursing
- Mental & Behavioral Health
- Evaluation
- Specialized Transportation Services

Before expansion, districts could generally seek reimbursement only for students who met **all** of the following criteria:

- Enrolled in Medicaid;
- Between the ages of 3 and 21;
- Had an active Individualized Education Program (IEP); and
- Received Medicaid-covered services documented within the IEP.



MSP Overview (Pre-Expansion)

- Cost-based reimbursement was supported through annual cost reporting.
- Random Moment Time Study (RMTS) was used to allocate provider time.
- Services delivered under Section 504 plans or other health plans generally were not reimbursable.
- The program functioned primarily as a special education funding mechanism rather than a comprehensive school health reimbursement program.
- MSP was jointly administered by Ohio Department of Education and Workforce (ODEW) and Ohio Department of Medicaid (ODM), with ODEW serving as the primary operational partner.



MSP Overview (Pre-Expansion)

To participate in Ohio MSP a district must:

- Enroll in Ohio Medicaid as an eligible local education agency
- Participate in Ohio's RMTS program
- Provide Medicaid covered services
 - Services must be provided by qualified practitioners that are employed or contracted by the district
- Submit interim Medicaid claims for covered direct services
 - Requires obtaining parental consent and maintaining compliant service documentation
- Submit an annual cost report
 - Requires contracting an independent CPA to perform an Agreed-Upon Procedures Engagement (AUPE)
 - Cost report submission also includes participating in the cost reconciliation process





Ohio School Medicaid Expansion

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Ohio School Medicaid Expansion

- Medicaid expansion is a broad term generally used to describe when a state changes it's Medicaid program to allow for more reimbursable services.
- 28 states have expanded their school Medicaid program or are in the process of expanding.
- Medicaid expansion looks different in every state.



Ohio School Medicaid Expansion

- Effective January 1, 2026, MSP now reimburses for additional students and services under MSP. These updates make it easier for schools to offer important health services while recovering a portion of the associated costs.
- The program now includes additional school nursing and behavioral health services, giving districts greater flexibility to meet student needs.
- Schools also are now able to be reimbursed for certain public health services, such as screenings, provided to Medicaid-enrolled students.
- Additionally, services provided for students with certain care plans other than IEPs are now eligible for reimbursement.



Ohio School Medicaid Expansion

- Many Medicaid students have a need for health services that affect school attendance and performance, but do not qualify for special education under the Individuals with Disabilities Education Act.
- By expanding its school-based Medicaid program, participating Ohio school districts can now potentially receive reimbursement for services delivered to these students.
- Although no official projection has been published, many states that implemented similar "free care" expansions experienced increases ranging from **50% to well over 200%** in school Medicaid claiming over several years as districts built documentation and billing capacity.





What's Changed?

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What's Changed?

Expanding school Medicaid has impacted Ohio MSP in five main areas:

1. Expanded student eligibility
2. New Direct Services and Provider Types
3. Random Moment Time Study (RMTS) Updates
4. Medicaid Administrative Claiming (MAC)
5. Telehealth



What's Changed? – Expanded Student Eligibility

- Medicaid eligibility requirements have not changed. Expanded student eligibility refers to the students whose services can be billed for.
- Schools can now receive reimbursement for medically necessary services provided to Medicaid-enrolled students who **do not have an IEP**, provided services are documented in an approved plan of care.



What's Changed? – Expanded Student Eligibility

This expansion opens reimbursement opportunities for students receiving services through:

- Section 504 plans
 - Nursing care plans
 - Behavioral health plans
 - Mental health treatment plans
 - Individualized health plans
 - Asthma management plans
 - Diabetes management plans
 - Seizure action plans
 - Other approved plans of care
-
- Ohio created a new School Services Plan of Care (SSPOC) specifically to expand reimbursement opportunities.



What's Changed? – Expanded Student Eligibility

- The SSPOC allows districts to bill Medicaid for medically necessary school-based services provided to Medicaid-enrolled students who:
 - Do not have an IEP;
 - Have physical health needs;
 - Have behavioral health needs; or
 - Have conditions that interfere with school attendance or academic participation.
- This is the primary mechanism that allows districts to bill for many non-special education students.
- For many districts, this means the eligible Medicaid population is no longer limited to special education students and may now include large numbers of students served by school nurses, counselors, psychologists, social workers, and other health professionals.



What's Changed? – New Direct Services and Provider Types

New Direct Services:

- Therapeutic Behavior Services
- Screening, Brief Intervention and Referral to Treatment for alcohol and/or substance misuse
- Smoking and Tobacco Use Cessation counseling services
- Preventative care screenings provided to all students enrolled in Medicaid
- Chronic disease management
- Behavioral health nursing services



What's Changed? – New Direct Services and Provider Types

New Provider Types:

- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Independent Marriage and Family Therapists (IMFTs)
- Licensed Chemical Dependency Counselor (II or III)
- Licensed Independent Chemical Dependency Counselors (LICDCs)
- CANS Assessor
 - Assistants and trainees
- Licensed Physician Assistants (PAs)
- Certified Nurse Practitioners (CNPs)
- Licensed Clinical Nurse Specialists (CNS)



What's Changed? - RMTS

- RMTS now includes Q1 (July–September).
- Participants have 2 business/school days (48 hours) to respond to their moment
- Contracted providers are required to be included in RMTS
- Coming 2026-2027 school year – school districts will submit RMTS rosters directly to Ohio's RMTS vendor (Sivic Solutions Group)



What's Changed? - MAC

- MSP allows school districts to receive reimbursement for the cost of providing certain services to Medicaid eligible children.
- MAC allows participating districts to receive reimbursement for performing specific administrative activities that increase student access to Medicaid-covered services.
- Allowable MAC activities facilitate the enrollment of individuals into Medicaid and the provision of Medicaid services, but they are not the same as the actual service.



What's Changed? - MAC

- Program launched on July 1, 2026
- Participation is optional
- Districts are reimbursed for MAC by including eligible participants in the RMTS that operates each quarter and completing a quarterly financial worksheet.
- MAC participants are distinct from direct service participants (Cost Pool 1); MAC Participants are part of “Cost Pool 2”



What's Changed? - Telehealth

- MSP practitioners as described in [Chapter 5160-35 of the Administrative Code](#) are now eligible providers for telehealth services as of January 1, 2026.
- Delivery of eligible telehealth services must be consistent with the student's IEP, 504 Plan or SSPOC and Ohio Medicaid's broader telehealth requirements.
- Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication comprising both audio and video elements.
- Allows districts more flexibility for finding difficult to staff positions that can provide services remotely, which could potentially lead to more reimbursement opportunities.





New Year Preparations

Ohio Medicaid Expansion: What ITCs Need to Know

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New Year Preparations

- Review Ohio school Medicaid expansion resources
- Meet with Medicaid billing vendor to discuss:
 - District's plans for incorporating program changes into its school Medicaid program
 - Medicaid eligibility check process
 - Cost reporting expectations
- Review student information to identify potentially billable students
- Implement the School Services Plan of Care Process
 - Coordinate with Nursing staff to identify potentially eligible student services
- Train staff on:
 - Documenting services
 - Responding to sampled moments for RMTS
- Obtain parental consents



New Year Preparations

- Projections for expansion states often assume best case scenarios and as a result are often misleading.
- Concentrate on the expansion areas that make the most sense for your particular school district.
 - For many districts, the area that may make the most sense initially will be the expanded flexibilities introduced to Nursing Services.
 - Nursing is often the most consistent and scalable billing category.
 - Nursing Services occur daily but were limited to IEP students in pre-expansion MSP.
 - High frequency of services and the broad expansion of eligible students could lead to a significant revenue increase.

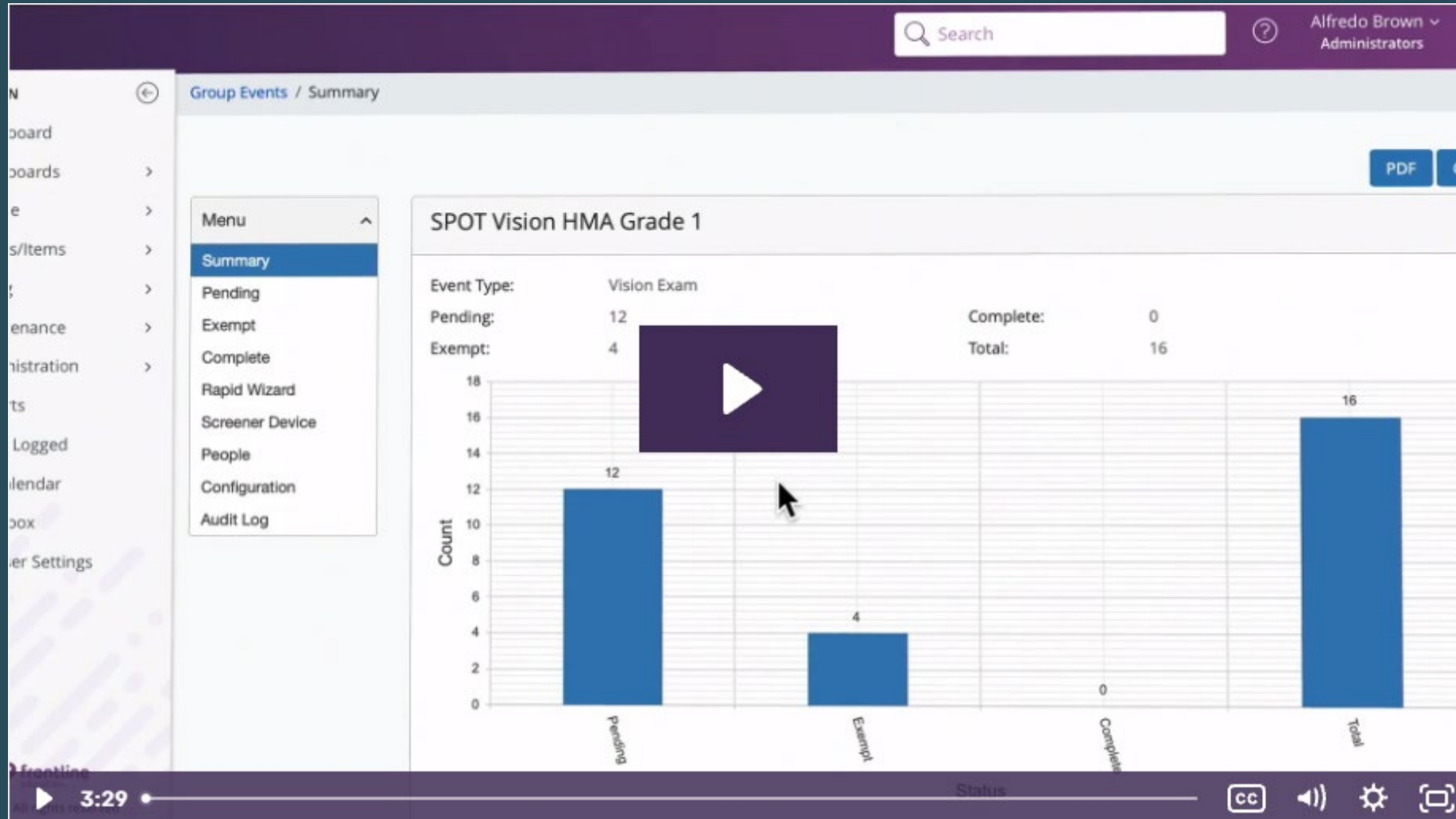


New Year Preparations - Frontline SHM

- Many districts document nursing services in their Student Information Systems (SIS) solutions
- SIS health modules generally do not meet the needs of school nurses and often do not include all the data you need to run your health office and support students' mental and behavioral health needs.
- An electronic health record system, like Frontline SHM, provides a dedicated system built around nursing, mental, and behavioral health workflows.
- Offers health focused dashboards and reporting and is fully FERPA compliant.



New Year Preparations - Frontline SHM



Questions/Resources/Contact Information

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Questions/Resources/Contact Information

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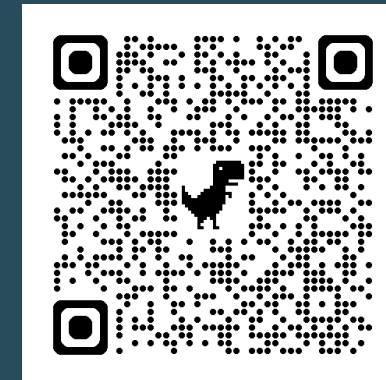
Follow me on LinkedIn: www.linkedin.com/in/dario-avila-32a73037b

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Questions/Resources/Contact Information

- [Ohio Department of Medicaid – Medicaid School Program](#)
- [Ohio Administrative Code –MSP Administrative Rules](#)
- [Frontline Education School Health Management](#)
- [Frontline Special Programs Management](#)





Thank You

