

HEALTHY SCHOOLS CAMPAIGN

February 2026

How to Protect Student Health & School Medicaid in Your State

This document contains answers to questions submitted for a [webinar on school Medicaid](#). The answers draw on panel responses along with information and resources compiled by [Jessie Mandle](#), HSC national program director, and [Alison Paxson](#), HSC policy and program manager. Questions may be combined or edited for clarity.

- [View webinar video](#)
- [View webinar slide deck](#)
- [View related resources](#) (end of document)

Panelists

- **Stephanie Altman**, Of Counsel, Legal Council for Health Justice
- **Erica Monet Li**, Health Policy Analyst, Florida Policy Institute
- **Nikki Montgomery**, Parent Advocate and Director of Strategy and Communications, Family Voices
- **Karolyn Tregembo**, Executive Director, Colorado School Medicaid Consortium
- **Jessie Mandle**, National Program Director, Healthy Schools Campaign
- **Lena O'Rourke**, on behalf of Healthy Schools Campaign

Q&A Categories

- [School Medicaid Policy and Expansion of Services](#)
- [Impact of Medicaid Cuts \(H.R. 1\)](#)
- [Care Coordination in Schools](#)
- [School Health Advocacy](#)
- [Other Federal and State Policy Issues](#)

Contact your state Medicaid agency to confirm information specific to your state/school district.

School Medicaid Policy and Expanded Services

Where can I find information on billing Medicaid for non-special education students?

The Centers for Medicare and Medicaid Services (CMS) [published guidance](#) encouraging states to allow school districts to bill Medicaid for health services delivered to all Medicaid-enrolled students, not just those with a special education plan such as an Individualized Education Plan (IEP). The services must be medically necessary, and both the service and the health provider must be covered by the state plan.

Visit HSC's [Healthy Students, Promising Futures \(HSPF\) website](#), which is all about school Medicaid, and view this [guide for school health advocates](#) to learn more about CMS guidance and how to help states and school districts leverage federal Medicaid funding.

More than half of all states now allow some billing for non-special education services. HSC maintains a regularly updated [state tracker](#) that covers policy efforts to expand school Medicaid and the specific services covered in each state. Here's the shortened link: bit.ly/freecareupdate

How do schools bill for pediatric services without a primary care physician in the school setting?

Schools can bill for services in the school setting because they are enrolled as Medicaid providers and have licensed and qualified health staff who can document and bill for medically necessary services.

Written documentation of medical necessity, signed by a qualified health provider, is required for all school health services submitted for Medicaid reimbursement. Many school districts use a plan of care or an IEP to document medical necessity. View HSC's [School Medicaid: Documenting Medical Necessity Through Plans of Care](#) brief to learn more.

Does written consent need to be received for a student to see the school nurse?

The Family Educational Rights and Privacy Act (FERPA) requires parental consent to deliver services and also to bill Medicaid. While states may differ in their parental consent requirements (and how they secure parental consent) for common health services, all students can receive care from school nurses and other school staff in emergency situations. It's best to check parental consent with your state education department or school district.

Can you please discuss Medicaid and telehealth in public schools?

State investments in telehealth can help address shortages of school health providers and student health needs. Check out [Best Practices for Strengthening Medicaid-Covered School-Based Health Care Services Via Telehealth](#), a 2025 review of state investments in

telehealth programs published by Manatt. In addition, the Rural Health Information Hub, a government information clearinghouse, has a [section devoted to telehealth](#) and offers examples of [telehealth programs for children](#).

During Covid, HSC published an in-depth report, [Providing Health Services During School Closures: Lessons Learned + Recommendations for Action](#), that covers telehealth opportunities. Around the same time, the National Academy for State Health Policy published a state tracker on [Medicaid Reimbursement Policy for School-Based Telehealth](#) that considers policies across states, including changes made during the pandemic.

How can we improve our relationship with the state Medicaid office when we continue to encounter barriers to doing so?

We've got resources to help! Visit [START: State Tools And Resources To Advance School Medicaid](#) — a section on our HSPF website designed to help states and school districts implement, improve and sustain effective school Medicaid programs.

Specifically, we recommend [Partnering for Success: State Strategies for Improving and Expanding School Medicaid](#), which provides partnership-building tips for school districts and state Medicaid and education agencies, along with state examples.

Which state has the best school Medicaid use? How does that state differ from others?

While it's impossible to identify the “best” use, HSC encourages states to include in their state plan all Medicaid-covered health services provided to all Medicaid-enrolled students.

HSC's [State Policy Actions: 10 Steps to Maximize Medicaid for School Health Services](#) explains how states can comprehensively expand their school Medicaid program. The more steps a state takes, the easier it is for school districts to leverage federal funding to retain or hire health providers and increase student access to more health services.

To date, 28 states have made at least some progress in expanding Medicaid-covered school health services outside of a special education plan. Not all expansions look the same; another HSC report, [School Medicaid Expansion: How \(and How Many\) States Have Taken Action to Increase School Health Access and Funding](#), examines the range of policies. For example, Connecticut expanded its school Medicaid program to cover all medically necessary services but only for students with 504 plans. By contrast, South Carolina expanded its school Medicaid program to cover only behavioral health services, but did so for all Medicaid-enrolled students.

With all the discussion around Medicaid cuts, are there any conversations regarding school Medicaid expansion — specifically, student access to Tier 1 universal supports?

Many states and school districts are digging into how they can bill Medicaid for additional Tier 1 supports. The federal Medicaid [School-Based Services Technical Assistance Center](#) (TAC) has a number of terrific resources and options for states and school districts. We recommend viewing the webinar [Expanding Preventive Behavioral Health Services in Schools](#) and the [presentation slides](#).

How does a school nurse become Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) certified?

Every state has its own certification process for providers deemed eligible for Medicaid reimbursement. This 2021 report by HSC could be a helpful starting place to learn more: [State Medicaid & Education Standards for School Health Personnel: A 50-State Review of School Reimbursement Challenges](#)

Every state has a program for children and youth with special healthcare needs. Do you have any tips for programs that want to work with schools and support school Medicaid?

Yes! HSC has several resources on this topic. Use these two as a starting point:

- [A Guide to Expanding Medicaid-Funded School Health Services](#), specifically Chapter 3, Getting Started: Building a Coalition to Expand School-Based Health Services
 - [START: State Tools And Resources To Advance School Medicaid](#)
-

How does school Medicaid reimbursement get funneled to individual schools?

State Medicaid departments establish rules and regulations that guide school-based billing and reimbursement processes in accordance with their state plan and in partnership with CMS. View HSC's [Guide to Expanding Medicaid-Funded School Health Services](#) for additional context, along with [TAC's resource list](#).

For a detailed example of how the process works, check out HSC's [Guide to Illinois School Medicaid Billing and Reimbursement](#), which includes a flowchart and reimbursement process guidance documents.

HSC created these resources to assist Illinois school districts in navigating the school Medicaid program and in developing streamlined processes and procedures to maximize reimbursement, ensure compliance and ultimately increase the availability and quality of health services for students.

Impact of Medicaid Cuts (H.R.1)

Could greater investment in school-based Medicaid services be a way to counteract harms from H.R. 1 (aka the One Big Beautiful Bill Act, or “OBBBA”)?

Yes! Check out HSC’s brief on the impact of H.R. 1 and how to strengthen school Medicaid: [Children’s Access to Healthcare in Schools: Strategies to Address Medicaid Cuts](#)

One point we make is that many states are still receiving only a trickle of the reimbursement funds to which they are eligible. They need to [align their Medicaid program with federal policy](#), so schools can seek reimbursement for all school health provider types and services eligible for reimbursement, including mental and behavioral healthcare and substance use services.

We also provide tips on how school districts can use Medicaid funds to increase outreach and enrollment efforts, helping students maintain coverage and ensuring that schools receive reimbursement for the services they provide.

Has the Medicaid enrollment policy changed to twice per year? If so, how do we advocate against it?

H.R. 1 requires states to conduct eligibility redeterminations at least every six months for Medicaid expansion adults (adults age 19 to 64). Learn more about [eligibility redetermination provisions](#) at KFF.

You can connect with Medicaid advocates in your state and get involved in the state Medicaid Advisory Committee or Beneficiary Advisory Committee. HSC and Community Catalyst’s [School Medicaid Advocacy Guide](#) offers many other strategies to protect Medicaid funding.

Are the projected federal reductions primarily tied to Federal Medical Assistance Percentage (FMAP) changes, per capita caps, eligibility restrictions or other limitations?

The federal reductions are primarily tied to increases in state provider taxes and eligibility restrictions/limitations on work reporting requirements.

To learn more about how H.R. 1 will affect state Medicaid budgets and eligibility, check out KFF’s analysis: [Allocating CBO’s Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package](#)

How is HSC navigating shifts in federal Medicaid policy and the implications for school-based health?

We’re doubling down on efforts to protect and strengthen Medicaid and amplify its role in funding essential health services for all students. Here’s what that looks like day-to-day: We’re working to help states expand their school Medicaid program so they are better positioned to leverage federal funding; building collaboration among health and education partners and

agencies; and publishing key resources, including [state strategies to address Medicaid cuts](#) and preserve children's access to healthcare in schools.

We're also keeping a close eye on Medicaid enrollment and state and school district budgets to document the impact of reduced funding on school health services and children's health; [following up with school leaders](#) concerned about how cuts will affect students and their families; and partnering with our many valued allies to consider [what comes next](#) and what we can do.

How will Medicaid cuts potentially impact school nurses who provide care to students, especially given the current shortage of certified registered nurses?

Medicaid cuts could lead to a reduction in essential school health providers, including school nurses. You can learn more about how states will respond and the impact cuts are likely to have in HSC's 2025 report [How Medicaid Cuts Will Harm Students & Schools](#).

The National Association for School Nurses is a strong advocate and has information [on how Medicaid cuts would affect nurses](#) and resources to advocate for the school nurse workforce.

This may be a very naive question, but here it goes. Why would districts lay off nurses to help with budget deficits if Medicaid reimburses the cost of those nurses?

Each state's school Medicaid program looks different, and school districts manage Medicaid funding in different ways. Many school districts could face additional costs related to the school nurse position that they will no longer be able to cover. School districts are grappling with tough budget decisions and may look to reduce costs wherever they can.

Care Coordination in Schools

Can you share information on the coordination of care between school providers and primary care providers?

This is an important topic! Better care coordination between school and primary care providers is shown to improve student health outcomes, especially for children with special health needs. A great starting place is the American Academy of Pediatrics' [resources on improving care coordination in schools](#).

School Health Advocacy

What talking points can we use to protect Medicaid funding at the federal and state levels?

Check out HSC's [Talking Points for Advocates](#), which includes numerous facts on school Medicaid and the essential role it plays in improving children's health.

You'll find specific talking points on student health access, bipartisan support, health and educational outcomes, state and school district budgets and parental control. Here's the easy-share link: bit.ly/protect-school-medicaid

What are your thoughts/suggestions about advocacy for our most at-risk and underserved students?

Advocacy is crucial to protecting student access to school health services. Check out HSC's [School Medicaid Advocacy Guide](#) for talking points and approaches designed to protect the health of all students, especially those who encounter systemic barriers to care and [who will be most affected](#) by Medicaid cuts.

We strongly recommend centering parent and student voices in decision-making and strategizing around advocacy efforts. Building relationships and trust will lead to a greater understanding of needs and priorities, helping strengthen advocacy efforts overall.

Where can we direct families without health insurance coverage?

Thank you for this important question! You can direct individuals and families to a [community health center](#) (or Federally Qualified Health Center) in their area, and encourage them to visit 211navigator.org or dial 2-1-1 to find an enrollment navigator.

Other Federal and State Policy Issues

As Rural Health Transformation (RHT) funds are being deployed, and given that school-based health services are vital for children in many rural communities, are you seeing alignment at the state level between RHT and school Medicaid? What would you most like to see moving forward?

We recently [wrote about this exact issue](#) for HSC's blog and identified how some states are involving school health programs in their project plans. This is a good start. We definitely want to see more partnerships between state education and Medicaid agencies and the RHT Program to support schools. It makes sense and is both an easy and high-reward investment.

Our post also shows how school-based health providers and services, funded in part by Medicaid, can contribute to substantial health improvements in rural areas and lower overall healthcare costs. Schools are uniquely positioned to identify health conditions before they worsen and provide care to students who may otherwise have difficulty seeing a health provider due to transportation challenges, scheduling or other access barriers.

While school Medicaid programs can bring in more money for school districts, implementing a Medicaid reimbursement program can be administratively complex, especially in rural districts. The good news is that states can use RHT funds for time-limited projects that will increase their ability to successfully receive Medicaid reimbursement. [Check out the post](#) to view some project ideas.

What role will the \$2.5 million CMS technical assistance grant play in helping rural districts?

In 2024, CMS [awarded 18 states](#) up to \$2.5 million each to support the implementation, enhancement or expansion of their school Medicaid program. Many states have been exploring strategies to support rural school districts with this funding.

To learn more about supporting rural districts, view the CMS presentation [Opportunities for Rural Communities and Local Education Agencies](#). The slide deck describes how rural school districts can increase access to school-based services.

Will the decision of where (and when) to move mental health responsibilities out from the U.S. Department of Education be a federal or state decision?

It would be a federal decision to move Department of Education responsibilities related to student mental health, with implications for states.

The Department of Education has already moved oversight of several programs to the Department of Health and Human Services ([see Chalkbeat's coverage](#) of this issue) and cancelled several school-based mental health grants in 2025; that decision is [facing legal challenges](#).

The Trump administration also has issued numerous [executive orders](#) and taken administrative actions with implications for mental health access and services in schools.

Visit The Hechinger Report to [learn about the latest actions](#) pertaining to the dismantling of the Department of Education.

Are any states expected to implement programs similar to California's Children and Youth Behavioral Health Initiative?

[California's CYBHI program](#) — a five-year, \$4 billion-plus initiative to support children, youth and families and provide mental health and substance use supports at schools — is an exciting new program. We're all watching California, but so far, we aren't aware of other states moving in this direction.

Could you please share the status of the second state plan amendment (SPA) in Florida and the implementation challenges?

To provide some background for readers, Florida received CMS approval in 2017 to expand its school Medicaid program to cover all medically necessary services delivered to all Medicaid-enrolled students but did not implement this expansion because the IEP restriction was codified in state statute. In 2020, Florida passed legislation removing the restriction, but the state still needed to submit a second SPA, which is pending.

Erica Monet Li, a health policy analyst at the Florida Policy Institute (and one of our webinar panelists), [wrote an analysis](#) last fall on where things stand in Florida and the actions needed. Her conclusion: “Along with the KidCare expansion, the state should implement Medicaid in Schools by submitting a State Plan Amendment by the July 1, 2026 deadline that includes all of the services covered by the (EPSDT) Benefit.”

Can you comment on the 2020 Reauthorization Bill (HR 2075), which was never funded and again passed in 2025? Any idea if it will be funded?

This bill extends the authorization for federal funding for school-based health centers (SBHCs). We are not aware of its current status, but if you are interested in learning more about SBHCs, we recommend reaching out to our partners at the [School-Based Health Alliance](#) and viewing their resources.

I've heard that Tennessee may be removing the option to bill for medication administered by school nurses. Is this policy set at the state or federal level?

What you heard is partially true. TennCare (Tennessee's Medicaid program) [changed billing guidelines](#) “to include non-oral medication administration for medically fragile students as identified in IEP, ISP, IFSP, or IHP as reimbursable services, and to exclude from reimbursement the administration of oral medication (by tablet, capsule, thin films, syrups, or solutions).” The policy went into effect Sept. 1, 2025. This was a state decision.

Related Resources

- [Protecting School Medicaid in States and School Districts Amid Federal Funding Cuts: An Advocacy Guide](#) – Healthy Schools Campaign + Community Catalyst
- [Resources to Protect School Medicaid and Student Health](#) – Healthy Schools Campaign
- [Protect Our Care Illinois Advocacy Tools and Resources](#) – Protect Our Care Illinois
- [Parent Advocacy Resources](#) – Community Organizing and Family Issues (COFI)
- [Policy Priorities to Support Children with Special Health Care Needs and Disabilities and Their Families](#) – Family Voices

- [Health and Back to School: Florida's Inadequate Implementation of Child Health Policy](#) – Florida Policy Institute
- [Illinois HB 3247 and HB 1312: What You Should Know About New Statewide Protections for Immigrant Families in Licensed Childcare Centers, K-12 Schools, Higher Education, and State Courthouses](#) – Latino Policy Forum
- [School Health Services Success Stories](#) – Colorado Department of Health Care Financing
- [Considering Diving Into Youth Mental Health? Medicaid Is Ripe For Innovation](#) – BHT Impact
- [CMS Releases Long-Awaited EPSDT Behavioral Health Toolkit for States](#) – Georgetown Center for Children and Families