Overview

Grantees of the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services Program Grant are required to complete certain activities as described in the Program Terms and Conditions included with each Grantee's Notice of Award issued on June 25, 2024. CMS is introducing a form for Grantees to submit required information for the Data Activity and Technical Assistance Center (TAC) Participation Activity described in the Program Terms and Conditions. This workbook contains four tabs: "Overview & Instructions", "Data Dictionary", "Attestation", "Data Submissions", and "TAC

In filling out the "Data Submissions" tab within this form, data for each individual School/School District/Local Education Agency (LEA) should be included on one separate row. There may be instances where a data element is not applicable to a Local

Information Requested on "Data Submission" tab: CMS requests the following information from the Grantee about each Local Education Agency (LEA) in their state:

1. State
2. School Year Reflected in the Data
3. Date Range for Data
4. Local Education Agency (LEA)
5. Participation in Medicaid
6. Number of Students in the LEA
7. Number of Students in the LEA with IEPs
8. Number of Medicaid Enrolled Students in the LEA with IEPs, 504 Plans, other Medicaid-Enrolled Students
9. Number of CHIP Enrolled Students in the LEA with IEPs, 504 Plans, other CHIP-Enrolled Students
10. Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA by the following categories: Behavioral Health, Physician/Certified Registered Nurse Practitioner, Nursing, Rehab - Physical, Occupational, or Speech Therapy, Specialized Transportation, Personal Care Services, Any Other EPSDT Services, and Other

CMS TAC is not responsible for tracking and maintaining documentation of their

CMS has developed guidance for delivering services in a school based setting. As described in this guidance, LEAs are public boards of education or other public authorities legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township,

Detailed descriptions for each data field required in the form are provided in the next

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #88). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information

End of Worksheet

Name of Tab	Name of Data Field on Tab	Column Letter of Data Field	Description of Expected Information to be Populated in Data Field	Recommended Data Sources for Providing Information in Data Fields	Additional Data Sources for Providing Informa Data Fields
Data Submissions	State	A	Name of the state reporting the information.	Not Applicable - No Recommended Data Source for Providing Information in this Data Field (N/A)	N/A
Data Submissions	School Year Reflected in the Data	B	This date should reflect the School Year of the data being presented.	From school records	N/A
Data Submissions	Date Range for Data	C	The date range should reflect a continual 12-month period. Data reported during subsequent budget years of the grant should be from a contiguous 12-month period following the prior data reporting period.	From school records	N/A
Data Submissions	Local Education Agency (LEA) Name	D	Name of the local education agency (LEA) for which the information is being reported. This should include all schools in the state in the data reporting.	From school records	N/A
Data Submissions	Does the LEA Participate in Medicaid or Actively Bill Medicaid? (Yes/No)	E	Indicate" yes" (the LEA in column D does participate in Medicaid or does actively bill Medicaid) or "no" (the LEA in column D does not participate in Medicaid or does not actively bill Medicaid).	From school records, state Medicaid enrollment data, or school cost report data	N/A
Data Submissions	Total Number of Students in the LEA	F	Total Students as a numerical representation. Data for this field may be gathered from internal grantee records, or United States Department of Education Directory Information Files (e.g., Child Count, OCR reporting, etc.,) for the relevant period.	IDEA Section 618 LEA Part B Educational Environments - ed.gov	National Center for Education Statistics - ed.gov
Data Submissions	Total Number of Students in the LEA with IEPs	G	Numerical total of Medicaid-Enrolled Students with an Individualized Education Program (IEP) at the school within the given 12-month timeframe.	IDEA Section 618 LEA Part B Educational Environments - ed.gov	National Center for Education Statistics - ed.gov
Data Submissions	Number of Medicaid-Enrolled Students with IEPs in the LEA	H	Numerical total of Medicaid-Enrolled Students with an IEP at the school within the given 12-month timeframe.	From school records, state Medicaid enrollment data, or school cost report data	N/A
Data Submissions	Number of Medicaid-Enrolled Students with 504 Plans in the LEA	I	Numerical total of Medicaid-Enrolled Students with a 504 plan at the school within the given 12-month timeframe.	From school records, state Medicaid enrollment data, or school cost report data	N/A
Data Submissions	Number of Other Medicaid-Enrolled Students in the LEA	J	Numerical total of Medicaid-Enrolled Students without an IEP or 504 plan at the school within the given 12-month timeframe.	From school records, state Medicaid enrollment data, or school cost report data	N/A
Data Submissions	Total Number of Medicaid Enrolled Students in the LEA	K	Data do not need to be entered in this column as it is auto populated. This column calculates the numerical total of Medicaid-Enrolled Students at the school within the given 12-month timeframe by summing data entered in Columns H through J on the "Data Submissions" tab.	From school records, state Medicaid enrollment data, or school cost report data	N/A
Data Submissions	Number of CHIP-Enrolled Students with IEPs in the LEA	L	Numerical total of CHIP-Enrolled Students with an Individualized Education Program (IEP) at the school within the given 12-month timeframe.	From school records, state CHIP enrollment data, or school cost report data	N/A
Data Submissions	Number of CHIP-Enrolled Students with 504 Plans in the LEA	M	Numerical total of CHIP-Enrolled Students with a 504 plan at the school within the given 12-month timeframe.	From school records, state CHIP enrollment data, or school cost report data	N/A
Data Submissions	Number of Other CHIP-Enrolled Students in the LEA	N	Numerical total of CHIP-Enrolled Students without an IEP or 504 plan at the school within the given 12-month timeframe.	From school records, state CHIP enrollment data, or school cost report data	N/A
Data Submissions	Total Number of CHIP-Enrolled Students in the LEA	O	Data do not need to be entered in this column as it is auto populated. This column calculates the numerical total of CHIP-Enrolled Students at the school within the given 12-month timeframe by summing data entered in Columns L through N on the "Data Submissions" tab.	From school records, state CHIP enrollment data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Behavioral Health	P	Numerical total of medical services that could qualify as "behavioral health services" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Physician/Certified Registered Nurse Practitioner	Q	Numerical total of medical services that could qualify as "physician/certified registered nurse practitioner services" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Nursing	R	Numerical total of medical services that could qualify as "nursing services" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Physical Therapy	S	Numerical total of medical services that could qualify as "rehabilitation services" or "physical therapy" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Occupational Therapy	T	Numerical total of medical services that could qualify as "rehabilitation services" or "occupational therapy" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Speech Therapy	U	Numerical total of medical services that could qualify as "rehabilitation services" or "speech therapy" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Specialized Transportation	V	Numerical total of medical services that qualify as "specialized transportation services" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Personal Care Services	W	Numerical total of medical services that qualify as "personal care services" provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Any Other EPSDT Services	X	Numerical total of medical services that qualify as any other EPSDT services provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Other	Y	Numerical total of any other medical services, not included in the other totals of services provided to Medicaid-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Behavioral Health	Z	Numerical total of medical services that could qualify as "behavioral health services" provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Nursing	AA	Numerical total of medical services that could qualify as "nursing services" provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Physical Therapy	AB	Numerical total of medical services that could qualify as "rehabilitation services" or "physical therapy" provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Occupational Therapy	AC	Numerical total of medical services that could qualify as "rehabilitation services" or occupational therapy" provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA -Speech Therapy	AD	Numerical total of medical services that could qualify as "rehabilitation services" or "speech therapy" provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Specialized Transportation	AE	Numerical total of medical services that qualify as "specialized transportation services" provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Personal Care Services	AF	Numerical total of medical services that qualify as "personal care services" provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Any Other EPSDT Services	AG	Numerical total of medical services that qualify as any other EPSDT services provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Other	AI	Numerical total of any other medical services, not included in the other totals of services provided to CHIP-Enrolled Students at the school within the given 12-month timeframe.	State MMIS data systems, school claims data, or school cost report data	N/A
Data Submissions	Notes	AJ	This optional field can be used to provide additional information about the data on the corresponding line. For example, the Notes field can be used to indicate which service type is represented by data in the "Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA, Other" column.	N/A	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Date	A	Date (MM/DD/YYYY) of TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, the grantee attended during the prior 6 months.	From grantee records	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Topic	B	Brief description of the topic discussed at the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings the grantee attended during the prior 6 months.	From grantee records	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Number of Attendees From State Medicaid Agency	C	Numeric total of participants from the State Medicaid Agency who attended the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings during the prior 6 months.	From grantee records	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Number of Attendees From State Education Agency	D	Numeric total of participants from the State Education Agency who attended the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings during the prior 6 months.	From grantee records	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Number of Attendees From Contractor	E	Numeric total of participants from a contractor working on behalf of the State Medicaid Agency or State Education Agency who attended the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings during the prior 6 months.	From grantee records	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Number of Other Attendees	F	Numeric total of participants from other agency, entity, organization, or group from or representing the state, not included in the other totals of participants who attended the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings during the prior 6 months.	From grantee records	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Total Number of Attendees From or Representing the Grantee	G	Data do not need to be entered in this column as it is auto populated. This column calculates the numeric total of attendees from or representing the grantee who attended the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A
TAC Participation	Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings, Summary of Relevant Takeaways	H	Brief summary of the relevant takeaways state agency staff obtained from attending the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A
TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Date	A	Date (MM/DD/YYYY) of TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, the grantee participated in as a presenter or panelist during the prior 6 months.	From grantee records	N/A
TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Topic	B	Brief description of the topic discussed at the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, the grantee participated in as a presenter or panelist during the prior 6 months.	From grantee records	N/A
TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Number of State Medicaid Agency Participants	C	Numeric total of presenters or panelists from the State Medicaid Agency who participated as a presenter or panelist in the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A
TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Number of State Education Agency Participants	D	Numeric total of presenters or panelists from the State Education Agency who participated as a presenter or panelist in the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A
TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Number of Contractor Participants	E	Data do not need to be entered in this column as it is auto populated. This column calculates the numeric total of presenters or panelists from a contractor working on behalf of the State Medicaid Agency or State Education Agency who participated as a presenter or panelist during the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A
TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Number of Other Participants	F	Numeric total of presenters or panelists from other agency, entity, organization, or group from or representing the state, not included in the other totals of presenters or panelists who participated as a presenter or panelist during the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A

TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Total Number of Participants From or Representing the Grantee	G	Data do not need to be entered in this column as it is auto populated. This column calculates the numeric total of presenters or panelists from or representing the grantee who participated as a presenter or panelist during in the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A
TAC Participation	Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings, Summary of Relevant Takeaways	H	Brief summary of the relevant takeaways state agency staff obtained from presenting or being a panelist at the TAC Activity, including Webinars, Cohorts, Learning Opportunities, or other gatherings, during the prior 6 months.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, Date	A	Date (MM/DD/YYYY) of TA question submitted to TAC during the prior 6 months.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, Topic	B	Brief description of the topic of the TA question submitted to the TAC during the prior 6 months.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, State Medicaid Agency Submitted TA Question (Indicate with an X)	C	Indicate with an X in one of the four relevant fields who from or representing the grantee submitted a TA Question to the TAC: State Medicaid Agency, State Education Agency, Contractor, or Other.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, State Education Agency Submitted TA Question (Indicate with an X)	D	Indicate with an X in one of the four relevant fields who from or representing the grantee submitted a TA Question to the TAC: State Medicaid Agency, State Education Agency, Contractor, or Other.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, Contractor Submitted TA Question (Indicate with an X)	E	Indicate with an X in one of the four relevant fields who from or representing the grantee submitted a TA Question to the TAC: State Medicaid Agency, State Education Agency, Contractor, or Other.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, Other Submitted TA Question (Indicate with an X)	F	Indicate with an X in one of the four relevant fields who from or representing the grantee submitted a TA Question to the TAC: State Medicaid Agency, State Education Agency, Contractor, or Other.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, Total Number of Staff From or Representing the Grantee Involved in TA Question	G	Numeric total of staff from or representing the grantee involved in the TA question submitted to the TAC during the prior 6 months.	From grantee records	N/A
TAC Participation	Submission of Technical Assistance (TA) Questions to the TAC, Summary of Relevant Takeaways	H	Brief summary of the relevant takeaways state agency staff obtained from the response received from the TAC to the TA question submitted to the TAC during the prior 6 months.	From grantee records	N/A

Attestation for Data Submission and TAC Participation Grant Activities Form for Grantees of the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services Grant

1. I hereby certify that, to the best of my knowledge and belief, this report is true, accurate, and complete, and except as noted, has been prepared in accordance with applicable instructions. I further certify that I am familiar with the Program Terms and Conditions received with the Notice of Award issued to my state on June 25, 2024.

2. I am the officer authorized by the relevant state government agency to submit this form and I have made a good faith effort to ensure that all information reported is true and accurate.

3. I certify that, to the best of my knowledge and belief, the structure of this OMB approved template has not been altered in any way, all applicable instructions in the guidelines and directions have been followed in completing this form, and the form has been completed consistent with the definitions in the data dictionary.

Electronic Signature:	
Title & Contact Information:	

Data Submission from Grantees of the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services Grant

Purpose: Grantees are required to submit an analysis of their data plans at the end of the 2nd Quarter of Budget Period 1, reporting due by January 30, 2025, then updating the analysis annually thereafter, due 30 days after the end of the 2nd Quarter, by January 30th, of each Budget Period as required by the Program Terms and Conditions included with each Grantee's Notice of Award issued on June 25, 2024.

Data Related to the Provision of Services in Schools

State	School Year Reflected in the Data	Date Range for Data	Local Education Agency (LEA) Name	Does the LEA Participate in Medicaid or Actively Bill Medicaid? (Yes/No)	Total Number of Students in the LEA	Total Number of Students in the LEA with IEPs	Number of Medicaid-Enrolled Students with IEPs in the LEA	Number of Medicaid-Enrolled Students with 504 Plans in the LEA	Number of Other Medicaid-Enrolled Students in the LEA	Total Number of Medicaid Enrolled Students in the LEA	Number of CHIP-Enrolled Students with IEPs in the LEA	Number of CHIP-Enrolled Students with 504 Plans in the LEA	Number of Other CHIP-Enrolled Students in the LEA	Total Number of CHIP-Enrolled Students in the LEA	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Behavioral Health	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Physician/ Certified Registered Nurse Practitioner	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Nursing	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Physical Therapy	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Occupational Therapy	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Speech Therapy	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Specialized Transportation	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Personal Care Services	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Any Other EPSDT Services	Number of Medicaid Services Billed to the SMA for Medicaid Enrollees in LEA - Other	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Behavioral Health	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Physician/ Certified Registered Nurse Practitioner	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Nursing	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Physical Therapy	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Occupational Therapy	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Speech Therapy	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Specialized Transportation	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Personal Care Services	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Any Other EPSDT Services	Number of CHIP Services Billed to the SMA for CHIP Enrollees in LEA - Other	Notes
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Technical Assistance Center (TAC) Participation of Grantees of the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services Grant

Purpose: Grantees are required to submit an analysis of their Technical Assistance Center participation at the end of the 2nd Quarter, due by January 30th, and at the end of the 4th Quarter, due by July 30th, of each Budget Period as required by the Program Terms and Conditions included with each Grantee's Notice of Award issued on June 25, 2024.

Attendance at TAC Activities, including Webinars, Cohorts, Learning Opportunities, or other gatherings

Date	Topic	Number of Attendees from State Medicaid Agency	Number of Attendees from State Education Agency	Number of Attendees from Contractor	Number of Other Attendees	Total Number of Attendees From or Representing the Grantee	Summary of Relevant Takeaways
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
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Participation as a Presenter or Panelist during TAC Activities, including Webinars, Presentations, Learning Opportunities, or other gatherings

Date	Topic	Number of Participants from State Medicaid Agency	Number of Participants from State Education Agency	Number of Participants from Contractor	Number of Other Participants	Total Number of Participants From or Representing the Grantee	Summary of Relevant Takeaways
						0	
						0	
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Submission of Technical Assistance (TA) Questions to the TAC

Date	Topic	State Medicaid Agency Submitted TA Question (Indicate with an X)	State Education Agency Submitted TA Question (Indicate with an X)	Contractor Submitted TA Question (Indicate with an X)	Other Submitted TA Question (Indicate with an X)	Total Number of Staff From or Representing the Grantee Involved in TA Question	Summary of Relevant Takeaways