

ARMAC Participant Post-Test

LEA #: _____

District Name: _____

Please circle one answer per question.

1. What is Medicaid?
 - a. A way for people to receive food.
 - b. A public health insurance program.
 - c. A scheme devised to make school district staff lose their minds.

2. What 2 populations of individuals does Medicaid serve?
 - a. Individuals with very low incomes.
 - b. Individuals with severe disabilities.
 - c. Both a and b.

3. Which of the following services is NOT a School-Based Medicaid Program?
 - a. School-Based Mental Health
 - b. Speech, Physical, and Occupational Therapy
 - c. Personal Care
 - d. All of these are school-based Medicaid programs.

4. Arkansas Medicaid Administrative Claiming (ARMAC) allows public education agencies the opportunity to receive federal reimbursement for what activities?
 - a. Direct services (individual, group therapy)
 - b. Medicaid related administrative activities like Medicaid outreach/eligibility activities, referral and monitoring of Medicaid related services, coordination of health services, and health related training.
 - c. Education activities (teaching, grading papers).
 - d. All of the above.

5. As a participant in the ARMAC time study, you may receive one or more questions by email per quarter. What is the purpose of the random moment time inquiry?
 - a. To determine the statewide percent of time spent on Medicaid related administrative activities.
 - b. To monitor how each employee spends his or her day.
 - c. To test the email delivery system maintained by the ADE.

6. When answering the question, "What were you doing ...", you should be concise, yet descriptive about what you are doing without writing too much or being too vague.
 - a. True
 - b. False

7. Once you have answered your random moment, what is the final step to complete your portion of the time study?
 - a. Hit the 'send' button.
 - b. Call your supervisor.
 - c. Take a nap.

Please Complete all Fields Below (Incomplete fields may delay training verification.)

Participant Name: _____ Date Post-Test Completed: _____
(Please print)

Position/Job Title: _____ Email Address: _____

Participant Signature: _____

Trained participants will not be added to the ARMAC roster unless salary and other cost is given