

Professional Learning Community

Kick Off Meeting: Medicaid 101 & Participation
Models

January 14, 2026



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Washington State
Health Care Authority

A background image showing a group of children in a classroom. A young girl in the foreground, wearing a yellow shirt, has her hands raised high. Other children are visible in the background, also with hands raised. The image is overlaid with a semi-transparent teal filter.

Vision

All students prepared for post-secondary pathways, careers, and civic engagement.

Mission

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

Values

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child



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Equity Statement

Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.



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Land Acknowledgement

Originally a Native American settlement, the area just north of Olympia was settled by Europeans in 1848, when a French Oblate Mission was established here in the very first years of Olympia's birth. The mission of the French-speaking Catholic priests was headed by Father Pascal Ricard, who established a church for Native American boys here. Members of the local Squaxin Tribe as well as neighboring Nisquallies, Puyallup and Snohomish also had an ongoing trading post here.

After the dissolution of the mission, the property changed hands several times and was subdivided. During the depression of 1893 the property was foreclosed, and city fathers proposed turning the property into a park. Local citizens donated materials and labor to establish a wide range of entertaining activities here, including a chalet, a zoo, and a swimming pool.

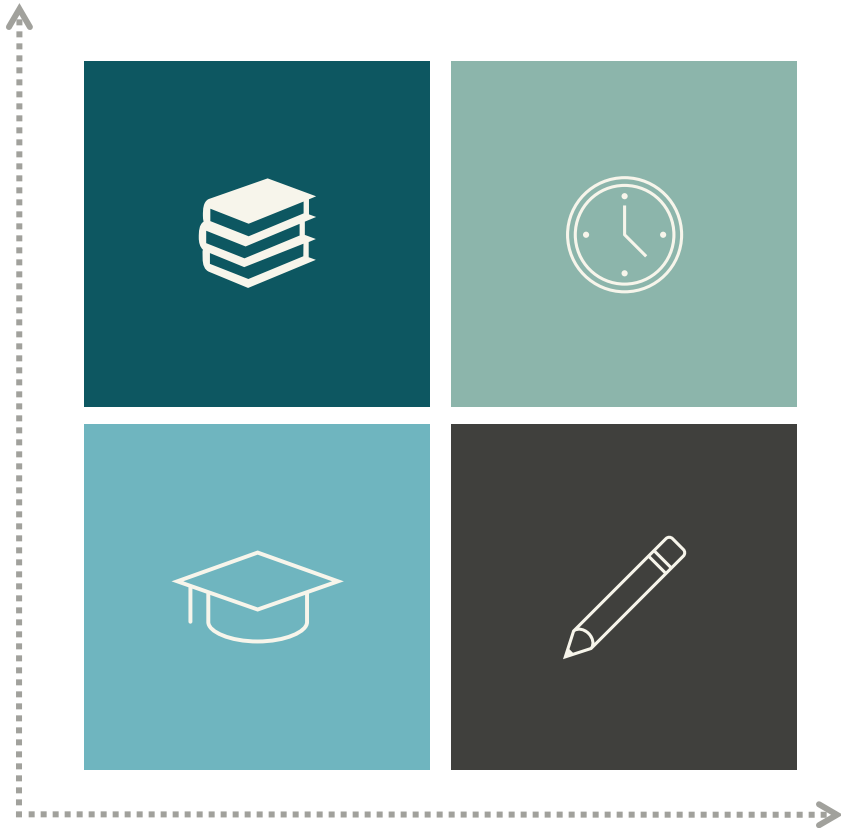
The park retains some of its original elements in the form of picnic shelters, a swing set, the beaches, and the popular gliders, as well as extensive walking trails.

The name of the park was changed to Squaxin Park in April 2022.



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Agenda



Medicaid Advancement in Washington

Review roles of OSPI and HCA

Professional Learning Community

Outline purpose and objectives. Review expectations of participants.

Medicaid 101

Review pathways for participation in School Based Medicaid Services.

What's next

Explain topic of next session and participants complete the evaluation.



Meet the Team



Bridget Underdahl, OSPI



Julee Christianson, OSPI



Aubrie Nettle, HCA



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Washington State
Health Care Authority

State agency partnership

- Health Care Authority (HCA) is responsible for managing and administering Medicaid
- Office of Superintendent of Public Instruction (OSPI) provides technical assistance to help districts participate
- Agencies have been working together to collect surveys and conduct listening sessions to inform recommendations to modernize Medicaid and School Based Services

OSPI Medicaid Lead - Connecting Health, Systems, and Learning

Role overview

- Serves as OSPI's **state education association lead for School-Based Medicaid advancement**.
- Coordinates across **education, health, and community systems** to expand access to school-based health and behavioral-health services.
- Leads the **statewide Medicaid Professional Learning Community (PLC)** and **Strategic Outreach initiative** to build district capacity and readiness.

Core functions

- **Systems Leadership:** Bridge policy and practice between HCA, OSPI divisions, ESDs, and districts.
- **Infrastructure Development:** Create statewide tools, training, and shared systems for Medicaid claiming.
- **Fiscal Sustainability:** Help schools leverage Medicaid to **free up education dollars** for reinvestment in teaching and learning.

Vision & impact

- **Medicaid is more than reimbursement — it's about unlocking opportunity to meet real need.**
- By leveraging Medicaid for services schools already provide, we open new funding streams that sustain prevention, early-intervention, and treatment supports — strengthening a **continuum of care** that improves attendance, engagement, and academic success.



Poll



Common abbreviations and definitions

- OSPI – Office of Superintendent of Public Instruction
- HCA – Health Care Authority
- CMS – Centers for Medicare and Medicaid Services
- LEA – Local Education Agency
- SPA – State Plan Amendment
- SBS – School Based Services
- SBHS – School Based Health Care Services
- MAC – Medicaid Administrative Claiming
- RMTS – Random Moment Time Study
- MER – Medicaid Eligibility Rate
- NPI – National Provider Identifier
- MCO – Managed Care Organization
- ProviderOne – Washington's Medicaid Management Information System





Professional Learning Community

Over four sessions this school year, we will:

- Build a shared, foundational understanding of **Medicaid reimbursement**, fiscal reinvestment, and how dollars flow
- Understand why **School-Based Medicaid is a sustainable and reliable revenue source** that LEAs can confidently plan around
- Connect Medicaid to **MTSS**, student well-being, and LEA priorities
- Strengthen **team-driven, shared leadership** across roles
- Create a **peer learning network** that promotes collaboration between LEAs with Medicaid program experience and those just getting started.
- Share practical tools, guidance, and examples that make Medicaid meaningful and doable



Participant expectations

- Put questions in the Q&A (If you include your email, we will reach out to you directly, other questions will be added to future FAQs.)
- Only use the chat if you are having technical issues
- Links will be shared in the chat as we go
- Slides and recording will be shared after the presentation
- Complete evaluation at end of webinar





Medicaid 101

What is Medicaid?

- Called "Apple Health" in Washington
- Comprehensive health insurance program
 - 800,000 WA children rely on Medicaid for their health care coverage
 - Covers all medically necessary physical and behavioral health services for children
- A shared partnership between state and federal government
 - States make decision about administration, eligibility, services and beneficiary protections, with Centers for Medicare and Medicaid Services (CMS) approval
 - Changes made through a State Plan Amendment (SPA) or a waiver



Medicaid Services in Schools

- Healthcare services provided to Medicaid-enrolled children in school settings that can be reimbursable by Medicaid.
- Nationwide, Medicaid is the **fourth largest federal funding stream** for schools.
- Medicaid supports over **\$8 billion of school-based health services**. [A survey](#) completed nationally found Medicaid reimbursement funds are used for:
 - **86%** for salaries of health professionals and specialized instruction support personnel
 - **59%** for mental/behavioral health services
 - **46%** for assistive technology and specialized equipment for students with disabilities
- When reinvested strategically, these funds can benefit *ALL* students



Clarifying Scope of Work: SBS only

School-Based Services (SBS)

- SBS refers to Medicaid-reimbursable services provided within the school setting **by LEA personnel**. These services are intended to support students' health and education outcomes and are delivered by school staff such as:
 - School Nurses
 - Occupational Therapists (OTs) / Physical Therapists (PTs)
 - Speech-Language Pathologists (SLPs)
 - Mental Health Professionals
- *Note: School Based Health Care Services (SBHS) program is a fee-for-service reimbursement for IEP/IFSP students provided by School Personnel
- **Authority: HCA (SBS Team)**

School-Based Health Centers (SBHC)

- SBHCs are licensed clinical healthcare sites co-located on or near school campuses but operated independently from the school.
- Key distinctions include:
 - Staffed by external medical providers, **not school personnel**
 - Serve the broader community, **not limited to enrolled students**
- Offer a wider scope of healthcare services, such as:
 - Preventive care (sports physicals) and immunizations
 - Reproductive and sexual health services
 - Substance use screening and treatment
 - Chronic disease management
- **Authority: Dept of Health/SBHA**



Medicaid can pay for services already provided...

- LEAs can obtain partial reimbursement for costs incurred for services **already provided**.
- Medicaid simply **reimburses a portion of those existing costs** through federal match.
- This is a revenue recovery strategy, not a new spending program.
- School Medicaid reimbursement is a **flexible funding stream**.
- This approach creates a **stable continuum of care**, ensuring schools are reimbursed for what they already do while strengthening coordination with external community-based providers.



Current Landscape: Washington's School-Based Medicaid System

Washington currently operates **three separate Medicaid pathways in schools**, each with different rules, requirements, and reimbursement models. These options are open now.

Modernization will streamline this system into a *more unified, equitable model*, in the future.



School-Based Health Care Services (SBHS) – IEP/IFSP Only

Reimburses LEAs for medically necessary services for students with IEPs and IFSPs.

Managed Care / Behavioral Health Supports

Reimburses LEAs for medically necessary services for students without IEPs/IFSPs through contracts with managed care organizations (MCOs) and Behavioral Health – Administrative Service Organizations (BH-ASOs).

Medicaid Administrative Claiming (MAC)

Reimburses LEAs for time spent connecting students and families to Medicaid-covered services (e.g., care coordination, referrals, outreach).



School-Based Health Care Services (SBHS) Program

- Fee-for-service reimbursement for Individualized Education Program (IEP) / Individualized Family Service Plan (IFSP) special education health-related services
- LEAs contract directly with HCA to receive reimbursement through ProviderOne
- [HCA SBHS webpage](#)

200 of 295 districts participate



Covered services must be....

1. Ordered or prescribed by a physician or other licensed provider
2. Provided by or under the supervision of Department of Health licensed providers
3. Written in the child's IEP or IFSP

Covered services include and are limited to:

- Evaluations and reevaluations to determine if a student needs special education or early intervention health related services as part of the IEP or IFSP
- Health related services included in the child's IEP or IFSP, limited to:
 - Audiology services
 - Mental health services
 - Nursing/health services
 - Occupational therapy services
 - Physical therapy services
 - Speech-language therapy services



Eligible service providers:

- Advanced registered nurse practitioners
- Audiologists (including interim permit holders)
- Licensed mental health counselors
- Licensed mental health counselor associates
- Licensed practical nurses
- Licensed psychologists
- Licensed social workers
- Occupational therapists
- Occupational therapy assistants
- Physical therapists (including compact license holders)
- Physical therapy assistants
- Registered nurses
- Speech language pathologists (including interim permit holders)
- Speech language pathology assistants
- Nonlicensed individuals practicing *under the supervision* of a DOH-licensed provider



Fee-for-service

- Fee-for-service Medicaid represents a traditional healthcare payment model where LEAs as the billing providers receive a distinct payment for each service rendered.
- The [SBHS Fee Schedule](#) provides a list of billable procedure codes for the SBHS program and the maximum allowable payment rate per unit.
- HCA updates the SBHS Fee Schedule as the national codes and rates are updated by the federal Centers for Medicare and Medicaid Services (CMS). Updates typically occur on July 1 of each year.



SBHS Payment process

LEA submits
claims
in ProviderOne

ProviderOne
makes weekly
payments,
typically every
Thursday.

HCA pays LEAs
by paper check
or electronic
funds
transfer (EFT).



Getting started for SBHS

- [School-based health care services \(SBHS\) | Washington State Health Care Authority](#)
- [SBHS checklist for new districts](#) (includes billing agreement sample)
- [SBHS 101 training video](#)



Managed Care Plans

- Reimbursement for physical and behavioral health services not included in an IEP/IFSP
- LEAs contract with the Medicaid Managed Care Organizations (MCOs) to receive reimbursement
- Contracted ESDs and districts are BHAs and bill for BH services only
- [HCA Managed care webpage](#)



7 of 9 ESDs and 3 of 295 districts contract with MCOs



Medicaid Administrative Claiming (MAC)

- Reimbursement for administrative activities such as outreach, care coordination, etc.
- School staff participate in a random moment time study (RMTS)
- LEAs contract directly with HCA to receive reimbursement through a Certified Public Expenditure (CPE) process
- [HCA public school districts MAC](#) webpage



6 of 9 ESDs and 44 of 295 districts participate in MAC



Examples of eligible administrative activities:

- MAC activities improve access to healthcare, such as:
 - Medicaid outreach and application assistance
 - Specialized transportation scheduling/arranging
 - Translation services related to healthcare service delivery
 - Program planning and policy development related to the delivery of health services
 - Referral, coordination, and monitoring of health services



Staff involved

1. MAC Coordinator
2. Participants: Staff who perform allowable MAC activities as part of their regular work may.
 - **Examples:** principal, vice principal, office staff, counselor, school nurse, physical therapists, speech and language pathologist, Special Education teachers and paraeducators
 - Find a list of eligible job classifications on pages 15-16 of the [School District MAC RMTS Coordinator's Manual](#)



Role of the MAC Coordinator

Before the quarter starts

- ☐ Ensure fully executed MAC agreement with HCA
- ☐ Identify staff who will participate in the time study
- ☐ Enter participating staff calendars and work schedules

During the quarter

- ☐ Monitor RMTS
- ☐ Update participant data
- ☐ Track participant status changes

After the quarter ends

- ☐ Confirm and enter actual staff salary and benefits
- ☐ Complete any outstanding Change of Status forms

Annually

- ☐ Enter the district level calendar for the year
- ☐ Ensure all MAC Participants complete the annual online training
- ☐ Attend quarterly/annual HCA sponsored training

Ongoing

- ☐ Provide training and technical assistance to staff participating in the MAC program



Random Moment Time Study

- LEA staff participate in a quarterly **Random Moment Time Study (RMTS)** to determine the amount of time they spend performing eligible administrative activities.
- The RMTS assigns "moments" to participants throughout the quarter.
- A moment is a four-question survey followed by a brief narrative description summarizing the activity performed on a given day at a specific one-minute interval of time.
 - The typical time it takes to respond to a moment is 1-2 minutes.
 - Participants have up to two business days to respond to their moment.

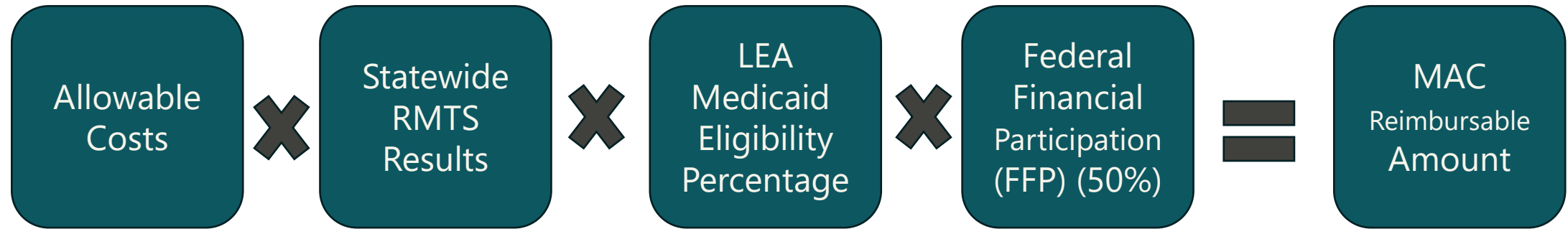


MAC claiming process

- When the fiscal quarter ends, the RMTS determines the percentage of staff time statewide spent performing reimbursable activities.
- Each LEA reports their actual incurred expenses related to the MAC program (participating staff salary and employer paid benefits) in the RMTS system.
- The time study results reduce expenses to only reimbursable activity expenses.
- The system reduces reimbursable activity expenses to account for only a LEA's Medicaid enrolled student population (MER).
- To account for quarterly indirect costs, the system adds the LEA's indirect cost rate into the claim.
- The Federal Financial Participation (FFP) for the MAC program is 50%.



Cost-based reimbursement method



MAC payment schedule

- Claims are made quarterly.
- Claims must be calculated and completed within 120 days following the end of the quarter being claimed.
- Claims must be submitted by the 23rd month of the two-year federal filing deadline.
- Once claim is reviewed and any questions are clarified, the finalized claim is paid within 30 days.
- [School District MAC RMTS Coordinator's Manual](#)
- [MAC Claiming 101.ppt](#)



Getting started with MAC

Start small

Leadership support

Identify a
coordinator

Set expectations
for staff

Be transparent
about funds and
identify motivation
to complete RMTS




We recently heard a superintendent say *"School-based Medicaid is the only flexible money our district has. Every grant and line item has specific requirements—School-Based Medicaid can be used for district needs, so it has real value."* and before PD and staff appreciation events he makes clear to staff *"your coffee, lunches, and PD opportunities exist because of Medicaid."*

"I feel really good about the work I get to do. I see the money go back to support students." - District MAC Coordinator

"Once you get it going, it is kind of like a machine." - District MAC Coordinator

"I think the benefit outweighs the work. I don't know how you'd pass it up!" - Superintendent

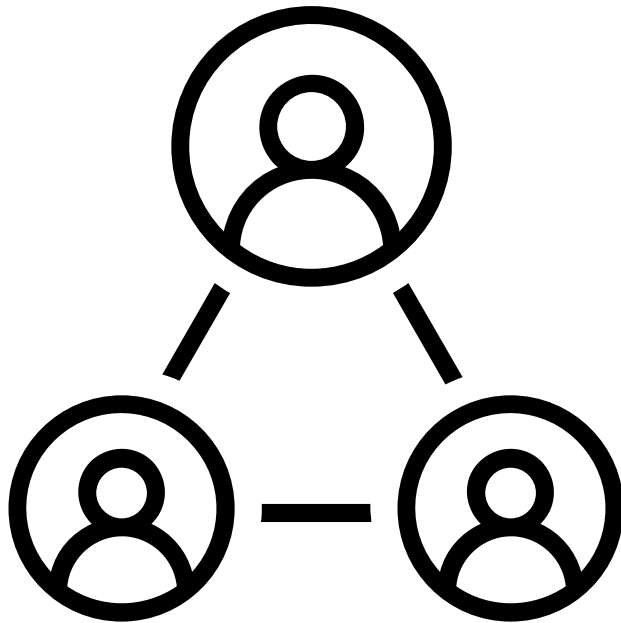


Who provides the Medicaid services?	Who submits claims?
District	<ul style="list-style-type: none"> - District (self-bill) - Private billing agent
ESD  Washington Office of Superintendent of PUBLIC INSTRUCTION	<ul style="list-style-type: none"> - ESD (self-bill) - Private billing agent

Resources

- [SBHS Provider billing guides and fee schedules](#)
- [MAC Claiming 101](#)

Continuum of Care



- School-based health services strengthen—not replace—community care.
- LEA participation in any Medicaid reimbursement program does not in any way impact Medicaid services the child receives outside of school.
- Community-based organizations and clinics are still critical support networks for students and families.
- Strengthening school-based supports ensures students get the care they need, when and where they need it.



Now is the time



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Student health and well-being



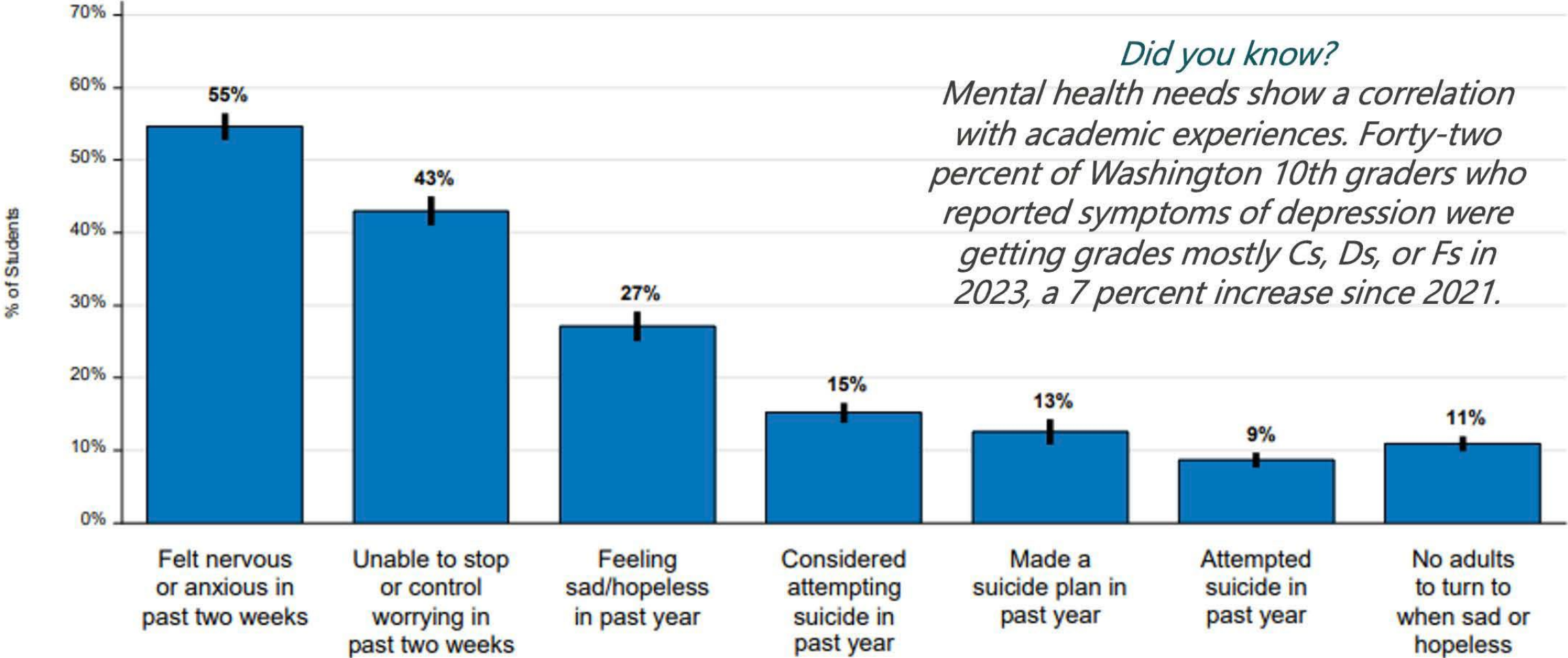
In March 2021, Governor Inslee declared a state of emergency for youth mental health.



Washington State's youth mental health ranks 36th in the nation (Mental Health America, 2023).



Mental Health Indicators, Grade 8, 2023



Washington ranks **40th** in K-12 funding as a percentage of state wealth (GDP)

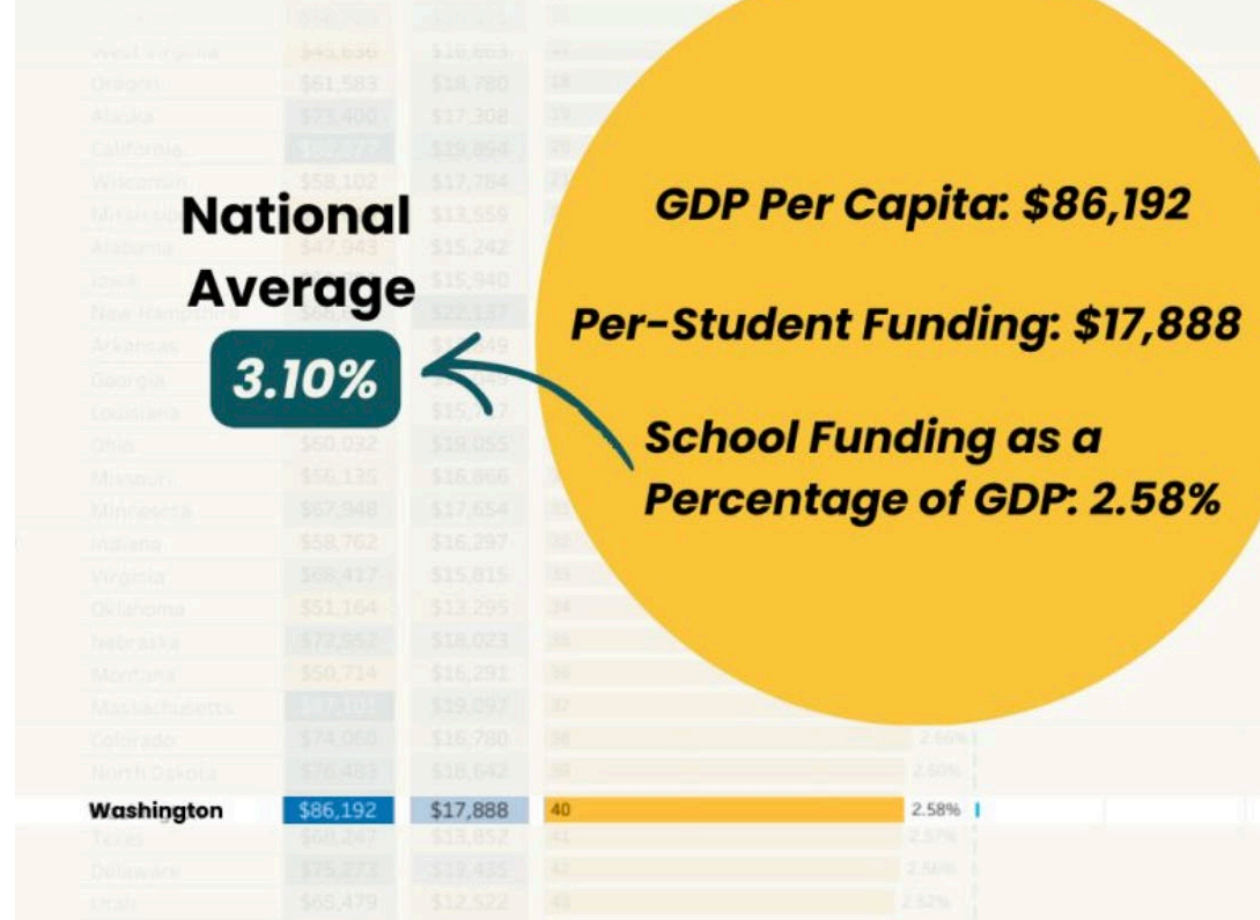
**National
Average**

3.10%

GDP Per Capita: \$86,192

Per-Student Funding: \$17,888

**School Funding as a
Percentage of GDP: 2.58%**



In a time of shrinking budgets, this is a scalable, durable revenue strategy for LEAs.



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Medicaid Cuts are Coming:

Protecting and Strengthening School Medicaid is Critical to Supporting Students and Schools



\$1 Trillion in Medicaid Cuts

OBBBA (H.R.1) cuts almost \$1 trillion in federal funding from Medicaid over the next decade. While it does not include any specific changes to the school Medicaid program, its provisions threaten children's access to school-based healthcare and the sustainability of school district budgets.



Increased Burden on State Budgets

The impact of federal Medicaid cuts will vary from state to state and occur on different timelines, but all states will be affected. States will need to draw from general funds, raise taxes, and/or reduce Medicaid benefits — or some combination of these options — to close budget gaps.



Major Implications for School Health

If states reduce Medicaid spending, possible outcomes include an uptick in the number of uninsured children and families, more limited Medicaid benefit packages and greater healthcare workforce shortages — all of which would impact the services and care schools can provide.



School Medicaid Opportunity

As states face reduced funding, strengthening the school Medicaid program and maximizing reimbursement is a key opportunity to mitigate harm, especially since funding can be reinvested in school health services to support retention and hiring of health providers and offer more health services students need.

This Funding Remains Stable

School Medicaid is one of the most predictable federal revenue sources available

Children's Medicaid is federally protected and bipartisan.

School-based services are a **tiny, low-risk** slice of national Medicaid spending.

CMS is actively expanding, not limiting, school Medicaid.

Funding is **reimbursement**, not grant-dependent.

States that modernize see **consistent and growing annual revenue**.



What Federal Adult Medicaid Changes Mean for Schools

New requirements impact **adults**, not children.



Children under 19 remain exempt from all work requirements.



Adults with children under age 13 remain eligible.



Youth eligibility and coverage remain stable.



If adults lose coverage, schools often become the most stable hub for information and care, making school-based Medicaid even more essential.



Low-Risk, High-Return: Proven and Practical



Bottom Line: School-based Medicaid is a **revenue recovery strategy, not a new spending program.** It reimburses the state and LEAs for health services already funded with **existing state and local education dollars.**



Clear Federal Guidance – The Center for Medicaid Services framework ensures compliance and alignment.



Proven Nationwide – Over 25 states have expanded school-based Medicaid successfully (e.g., Michigan: \$40M → \$160M revenue increase).



Prevention and Support Has a Proven Return on Investment in Communities & Schools are critical access points for both physical and behavioral health where counselors, nurses, social workers, and paras already deliver these supports with a focus on prevention, intervention and access to learning.



Continuum of Care– School-based health services strengthen—not replace—community care.



School-Based Medicaid: Ready, Available, and Designed for Long-Term Success

Available Funding Now

- School-Based Medicaid is already open for LEAs.
- LEAs can begin drawing down **federal reimbursement for services they are already providing** to students.

HCA Is Ready to Support Enrollment

- HCA has capacity now and is actively helping LEAs sign up.
- LEAs can onboard at their own pace and start seeing reimbursement within the year.



MAC = Big Opportunity + Light Lift

- Medicaid Administrative Claiming (MAC) can offset a significant portion of staff costs through reimbursable administrative activities.
- Uses an **easy, cost-based RMTS process** — the lightest lift in the Medicaid portfolio.
- Aligns with the state's long-term modernization plan, so early participation positions LEAs for future success.



Frequently Asked Questions

Will data collected be shared with other federal agencies?

Certain data from Apple Health (Medicaid) must be shared with the Centers for Medicare & Medicaid Services as required by federal law. Washington State cannot control sharing of that data amongst federal agencies. The use of that data by agencies such as U.S. Department of Homeland Security (DHS) or Immigration and Customs Enforcement (ICE) for immigration-enforcement purposes has been legally challenged by numerous states. A recent US District Court ruling permits certain biographical information to be shared from CMS to ICE, but future legal action is still pending.

Do school-based services take away from community-based providers?

School-based services are part of a broader continuum of care. Leveraging Medicaid in schools complements, rather than competes with, community-based providers, strengthening coordination and improving academic and health outcomes for students.



Frequently Asked Questions

Will receiving school-based services affect a child's Medicaid or other benefits?

No. LEAs that bill HCA for a child's in-school services does not in any way minimize Medicaid services the child receives outside of school.



Frequently Asked Questions

How does HIPAA or FERPA apply to education health records maintained about students?

Generally, HIPAA compliance does not apply to schools because they are not HIPAA covered entities. Most student information collected would be included in the students' education records, which are exempt from HIPAA Privacy Rules as they are covered by FERPA. However, there may be instances when HIPAA Privacy Rules apply to the services being provided by LEAs. Please refer to the following resources for more guidance:

- [**Does HIPAA Apply to Schools? 2025 Update**](#)
- [**Joint Guidance on the Application of FERPA and HIPAA to Student Health Records | Protecting Student Privacy**](#)

Please note, OSPI and HCA are working on developing further guidance on HIPAA, FERPA, Personal Health Information and Electronic Health Records for districts and families



Evaluation

- Please take the time now to complete the evaluation.
- Thank you for your feedback!
- If you include your contact information on your evaluation form, we will follow up with you directly
- If not, we will add responses to future FAQs.



What's next



Next Meeting: March 9 – 1-2:30 pm



Theme: Staffing, Readiness, Compliance Frameworks, MTSS
Alignment



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Coming Soon

- ❑ Structured Statewide Learning Spaces
- ❑ Implementation Timelines
- ❑ Best Practice Guidance and Resources as Modernization Goes in Effect After 2026

Reach Out




For support, guidance or presentations:

Bridget Underdahl

School Health Systems & Medicaid Strategy
Office of Superintendent of Public Instruction
(OSPI)

 bridget.underdahl@k12.wa.us


 [OSPI School Health Systems & Medicaid Strategy webpage](#)



General Inquiries and Contracting

Health Care Authority (HCA)

School-Based Medicaid / Apple Health

 <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/school-based-services>



Questions?

Todd Slettvet

Community Services Section Manager, MPD/CS

Stacey Bushaw

Family Health Care Services Supervisor,
MPD/CS/FHS

Aubrie Nettle

SBS Management Analyst 5, MPD/CS/FHS

Reilly Fairbrother

SBS Program Manager, MPD/CS/FHS

References:

- [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#)
- [ForHealth Final Recommendations](#)
- [School-based services | Washington State Health Care Authority](#)
- Email: hcasbs@hca.wa.gov



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