

# Professional Learning Community

Session 2: Staffing, Readiness, Compliance  
Frameworks, MTSS Alignment

March 9, 2026



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

Washington State  
Health Care Authority

## 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



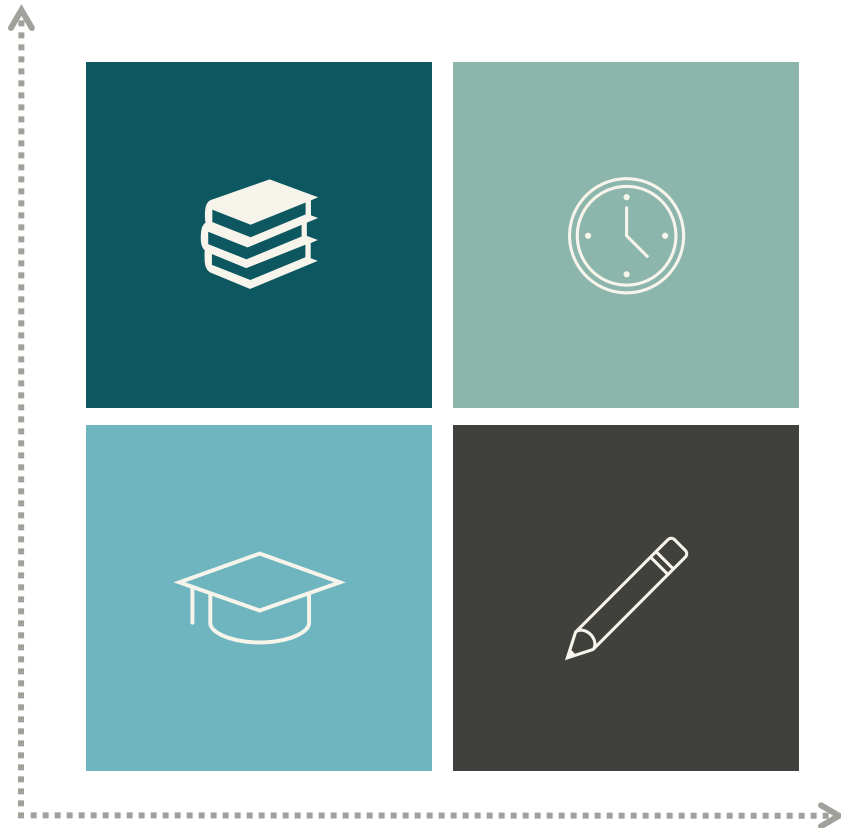
“I would like to acknowledge the indigenous people who have stewarded this land since time immemorial and who still inhabit the area today, the Steh-Chass Band of Indigenous people of the Squaxin Island Tribe.”

- The Squaxin Island Tribe was created by combining 7 bands of indigenous peoples from throughout South Puget Sound. In 1854, those 7 bands were placed on a reservation called Squaxin Island near Thurston and Mason Counties.
- Olympia sits on the shores of Budd Inlet. Budd Inlet was known as Steh-Chass, titled after the band of People who lived there since time immemorial.
- The Steh-Chass People are one of the 7 bands who make up the Squaxin Island Tribe.

“One of our greatest natural resources is our elders. They are our history. Another valued resource is the children. They are our future. It is the privilege and the responsibility of the young adults to see to it that the elders and the children are honored and nurtured. We believe that the Great Spirit is with us in everything we do, and to maintain our relationship to Mother Earth and to achieve physical, mental and spiritual health, we will always need to remember who we are and why we are here.”

*Excerpt from Squaxin Island Tribe Policies and Procedures*

# Agenda



## Staffing

Review roles and responsibilities

## Building Readiness + Compliance Frameworks

What needs to be in place to bill.

## MTSS Alignment

Integration of Medicaid into systems framework

## What's next

Explain topic of next session and participants complete the evaluation.



# Meet the Team

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**Bridget Underdahl, OSPI**



**Julee Christianson, OSPI**



**Aubrie Nettle, HCA**



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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 LEAs participate. OSPI's technical assistance is education-centered and focused on aligning Medicaid participation with MTSS frameworks, district fiscal health, clear and consistent guidance, and direct coordination with HCA to help districts navigate implementation successfully.
- Agencies worked together to collect surveys and conduct listening sessions to inform recommendations to modernize Medicaid and School Based Services.

# Why OSPI Is Involved in Medicaid

1

Medicaid and School Based Services directly support OSPI's legislative priorities by strengthening LEA fiscal health and protecting educational opportunities that keep schools open and operating.

2

Medicaid and School Based Services strengthen LEA fiscal health by bringing federal dollars into schools to support services LEAs already provide.

3

As LEAs face ongoing budget pressures, these funds can help sustain staffing, student supports, and educational opportunities that allow schools to remain open and operating.



# OSPI Role



OSPI is responsible for statewide educational access, equity, and system sustainability.



Medicaid and School Based Services is a reinvestment strategy that strengthens LEA fiscal health for services already provided with state and local dollars.



OSPI ensures LEAs have clear guidance, consistent information, and equitable access to reimbursement opportunities.



OSPI coordinates with HCA so LEAs can navigate Medicaid effectively without taking on unnecessary administrative burden.



# Bottom Line of Through Line With OSPI Work



Medicaid and School Based Services are a fiscal sustainability and educational access strategy.



OSPI's involvement ensures LEAs can fully and equitably access reimbursable federal funding, protecting instructional time, student services, and long-term educational outcomes while advancing OSPI's legislative priorities.



# Poll





# Professional Learning Community

# Common abbreviations

- 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 Ratio
- NPI – National Provider Identifier
- MCO – Managed Care Organizations
- MTSS – Multi-Tiered Systems of Support



# Over four sessions this school year, we will:

- Build a shared, foundational understanding of **Medicaid reimbursement**, fiscal reinvestment, and how dollars flow
- Understand why **Medicaid and School Based Services are 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 bridges experienced billing LEAs with those just getting started
- Share practical tools, guidance, and stories 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 attended to routine FAQs.)
- 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



# Current Landscape: Washington's Medicaid and School Based Services System

## 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) – 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)



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

## Available Funding Now

- Medicaid is already available for LEAs.
- LEAs can begin receiving **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 Random Moment Time Study (RMTS) process** — the lightest lift in the current Medicaid portfolio.
- Aligns with the state's long-term modernization plan, so early participation positions LEAs for future success.



# Medicaid, School Based Services, and MTSS

Medicaid and School Based Services supports **MTSS implementation with fidelity** by strengthening areas like:

- Data-based decision making
- Shared, team-driven leadership

Your LEA may already be billing through a **Medicaid and School Based Services pathway**. If this is unclear, it may signal opportunities to:

- Expand participation in the MAC time study
- Capture additional eligible services

**OSPI support is available** to discuss best practices and maximizing eligible reimbursement. Regardless of current participation, **superintendent and school leadership involvement is essential** to staffing alignment and sustainability.

- *More on staffing and roles ahead.*



# Activities your LEA may already be doing...

## Medicaid Administrative Claiming(MAC)

- Outreach to families about health or behavioral health services
- Care coordination and follow-up to help students access services
- Referrals to community providers or agencies
- Arranging transportation or interpretation services
- Participation in some MTSS, student support, or access planning meetings
- Collaboration with ESDs, community-based organizations, or agencies related to Medicaid access

## School Based Health Care Services (SBHS) (for student with IEP/IFSP)

- Evaluations provided by eligible licensed providers when the student is determined to have a disability and needs early intervention services or special education and health care-related services.
- Reevaluations provided by eligible licensed providers to determine whether a student continues to need early intervention services or special education and health care-related services.
- Health care-related services included in the IEP or IFSP, limited to:
  - Audiology services
  - Mental health services
  - Nursing/health services
  - Occupational therapy services
  - Physical therapy services
  - Speech-language therapy services



# Poll





# Staffing & Roles

# Core Roles in Strong Systems

- Superintendent or executive designee
- Principal or building leader
- School Based Health Care Services (SBHS) and/or Medicaid Administrative Claiming (MAC) coordinator
- Fiscal or business lead
- HR
- Service providers (nurse, counselor, SLP, social worker)

## A note on small or rural LEAs...

- One person may hold multiple leadership or operational roles
- Staff roles are often blended across tiers and functions
- Strong systems rely on **clear expectations and leadership reinforcement**, not role separation



# What High-Functioning LEAs Do Differently

Effective LEAs treat Medicaid and School Based Services as a **leadership responsibility**, not just a coordinator function.

## MAC Champion Insight

*When administrators communicate expectations and follow through, RMTS completion becomes a norm rather than a reminder-driven task.*

- Why leadership matters:
  - Participation is a required professional responsibility
  - Accountability flows leader → staff
  - Coordinators support systems; administrators reinforce expectations



# System Perspective: Day in the Life

- Highlight common roles in an effective school health system
- The activities listed are not comprehensive of all duties
- Not all activities listed are currently reimbursable through SBHS or MAC
- "Day in the Life" slides are to help make sense of:
  - the staff you have
  - what they do to support an overall system
  - how Medicaid reimbursement could support this system
- If you have questions about what is and what is not reimbursable, refer to HCA webpages

# Day in the Life: School Nurse (Tier 1–3)



## Morning

- Reviews health plans and attendance trends
- Sees students for medication, blood glucose testing and analysis
- Documents eligible services during natural workflow

## Midday

- Consults with MTSS team about students with frequent absences linked to health
- Coordinates with counselor and family on follow-up care

## Afternoon

- Supports a student with a chronic condition during class
- Completes RMTS moment tied to administrative activities

## Why Medicaid Matters.

It could:

- Support nursing time for Tier 1 prevention and Tier 3 intensive needs
- Stabilize a position that serves the entire school
- Reduce pressure on the general fund

# Day in the Life: Superintendent/ Principal (Leadership & Accountability)



## Morning

- Sets expectations for RMTS participation as part of professional responsibility
- Reinforces timelines during staff check-ins

## Midday

- Reviews MTSS data showing increased Tier 2 behavioral health needs
- Works with LEA team to align Medicaid reinvestment to staffing gaps

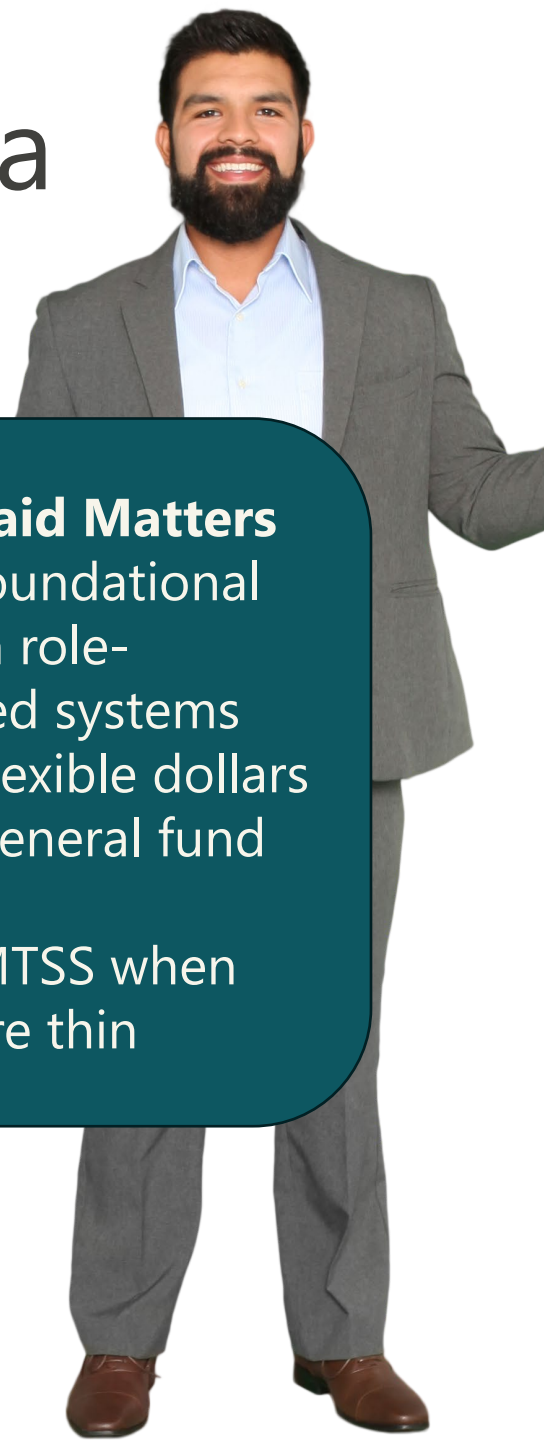
## Afternoon

- Communicates how Medicaid dollars funded counseling support and training
- Supports coordinator by reinforcing participation norms

## Why Medicaid Matters

- Creates leadership-driven accountability
- Connects fiscal decisions to MTSS outcomes
- Makes reinvestment visible and meaningful to staff

# Day in the Life: Superintendent in a Small District (multiple roles)



## Morning

- Serves as district leader, fiscal decision-maker, and Medicaid approver
- Reinforces RMTS expectations with principals

## Midday

- Reviews Medicaid revenue and MTSS priorities
- Aligns reinvestment to stabilize nursing and counseling roles

## Afternoon

- Communicates with board how Medicaid protects staffing during budget uncertainty
- Frames Medicaid as a fiscal health strategy, not a program

## Why Medicaid Matters

- Protects foundational capacity in role-compressed systems
- Provides flexible dollars to offset general fund pressure
- Sustains MTSS when margins are thin



# Annual Role of the MAC Coordinator



**Before The Quarter Starts**

- Ensure fully executed MAC
- 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

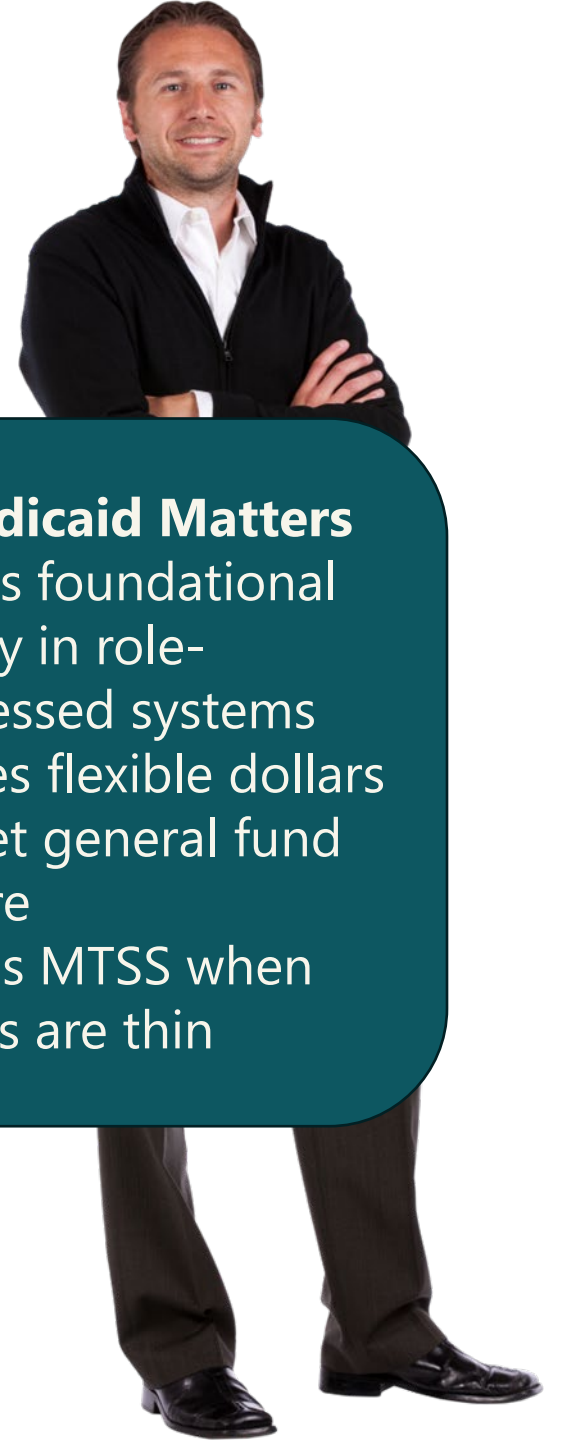
# Day in the Life: SBHS Coordinator

## May include:

- Coordinates with providers, business office, and administrators on documentation timelines and questions
- Enrolls providers in ProviderOne
- Provides just-in-time support to staff on what qualifies as Medicaid-related activities
- Collects treatment notes from providers and enters claims in ProviderOne
- Meets with MTSS, student support, and fiscal staff to align Medicaid claiming with student needs and staffing priorities
- Uses participation and claiming data to identify trends, gaps, and opportunities for reinvestment

## Why Medicaid Matters

- Protects foundational capacity in role-compressed systems
- Provides flexible dollars to offset general fund pressure
- Sustains MTSS when margins are thin



# Day in the Life: Family & Student Experience

## Morning

- Student receives counseling support connected to attendance and engagement
- Family receives clear communication about available supports

## Midday

- Services are coordinated across nurse, counselor, and teacher
- Supports feel seamless, not fragmented

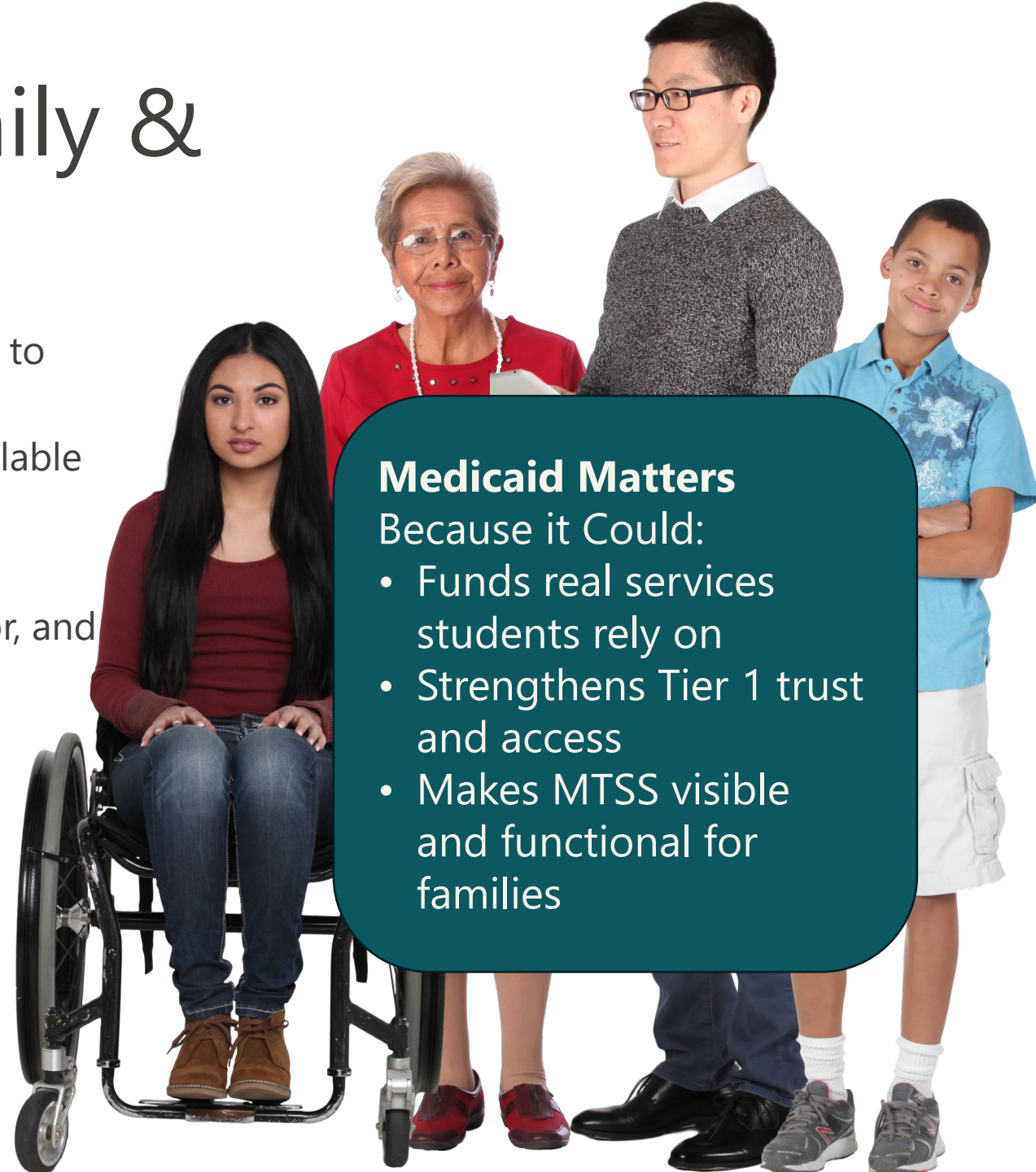
## Afternoon

- Student remains in class and engaged
- Family understands how school-based supports are sustained

### Medicaid Matters

Because it Could:

- Funds real services students rely on
- Strengthens Tier 1 trust and access
- Makes MTSS visible and functional for families



# What These Have in Common

- Services already happening
- Staff already doing the work
- Leadership reinforcing expectations
- Medicaid reinvestment stabilizing the system

**Medicaid and School Based Services are most impactful when it supports real people, real days, and real needs.**



# Districts have resources and options for how to participate...

## District-Led Model

- District employs providers
- District submits claims through ProviderOne (SBHS) and/or RMTS system (MAC)
- Districts may use a billing agent to support SBHS claiming

## ESD-Led Model

- ESD employs providers through an interlocal agreement
- ESD submits claims
- Costs to district is defined in the interlocal agreement
- Holds MCO contracts (for non-IEP services, when available)

## Community-Based Organization (CBO) Partnerships

- District contracts with a CBO to deliver services in schools
- Services must be delivered under a contract with, and paid for by, the district for the district to submit claims
- **Otherwise, if a CBO independently incurs costs and bills Medicaid directly, those services are not eligible under SBHS or MAC**



# Poll



# Questions to get started

- What student supports and services are we already providing?
- Are we more interested in MAC, SBHS, or learning about both?
- Who should be involved early (business office, student supports, leadership)?
- Is your ESD currently supporting staffing or billing in any way?
- Where are we already partnering with community mental health agencies?





# Readiness & Compliance Frameworks

# Protecting the LEA While Supporting Staff...

Strong  
compliance  
systems focus  
on **clarity,**  
**consistency, and**  
**shared**  
**ownership.**



# Foundational Compliance Tools

1. Clear role protocols for RMTS-eligible staff
2. Written expectations embedded in job descriptions and onboarding
3. Annual training and refreshers tied to real examples
4. Administrator-led reinforcement of timelines and completion
5. Centralized documentation practices

## **Small-District Readiness**

Readiness is not about staffing size. It is about whether expectations, documentation, and follow-through remain consistent—even when one person fills multiple roles.

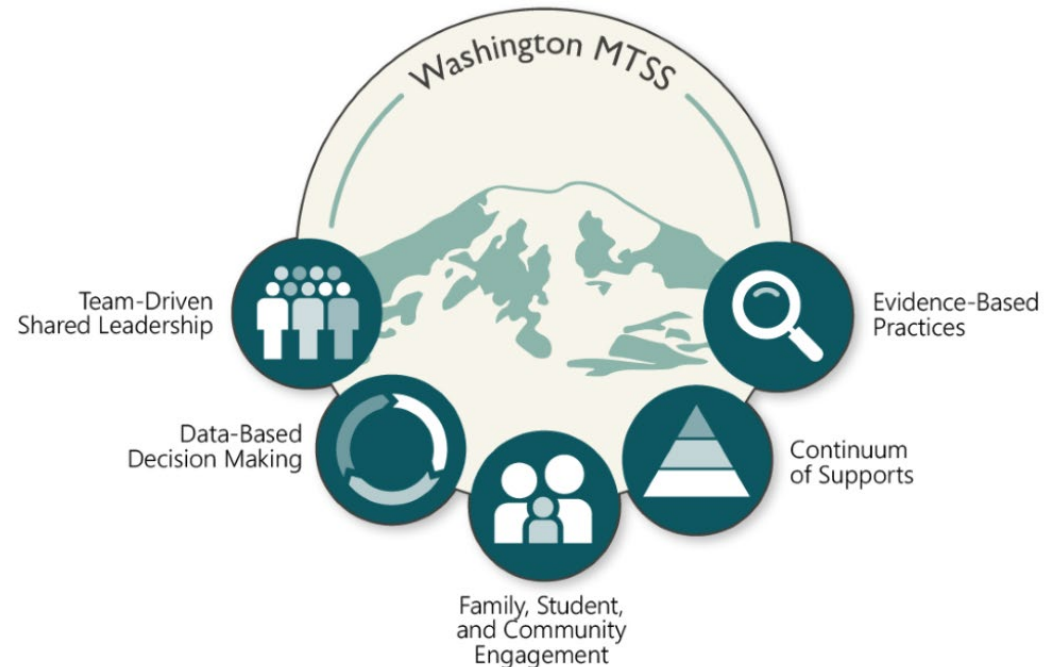
## **Key Framing**

Compliance is about sustainability and protection, not punishment.



# MTSS Alignment

- **Medicaid as Infrastructure for Tiered Support**
- Medicaid and School-Based Services are most effective when aligned to **MTSS structures and decision-making.**





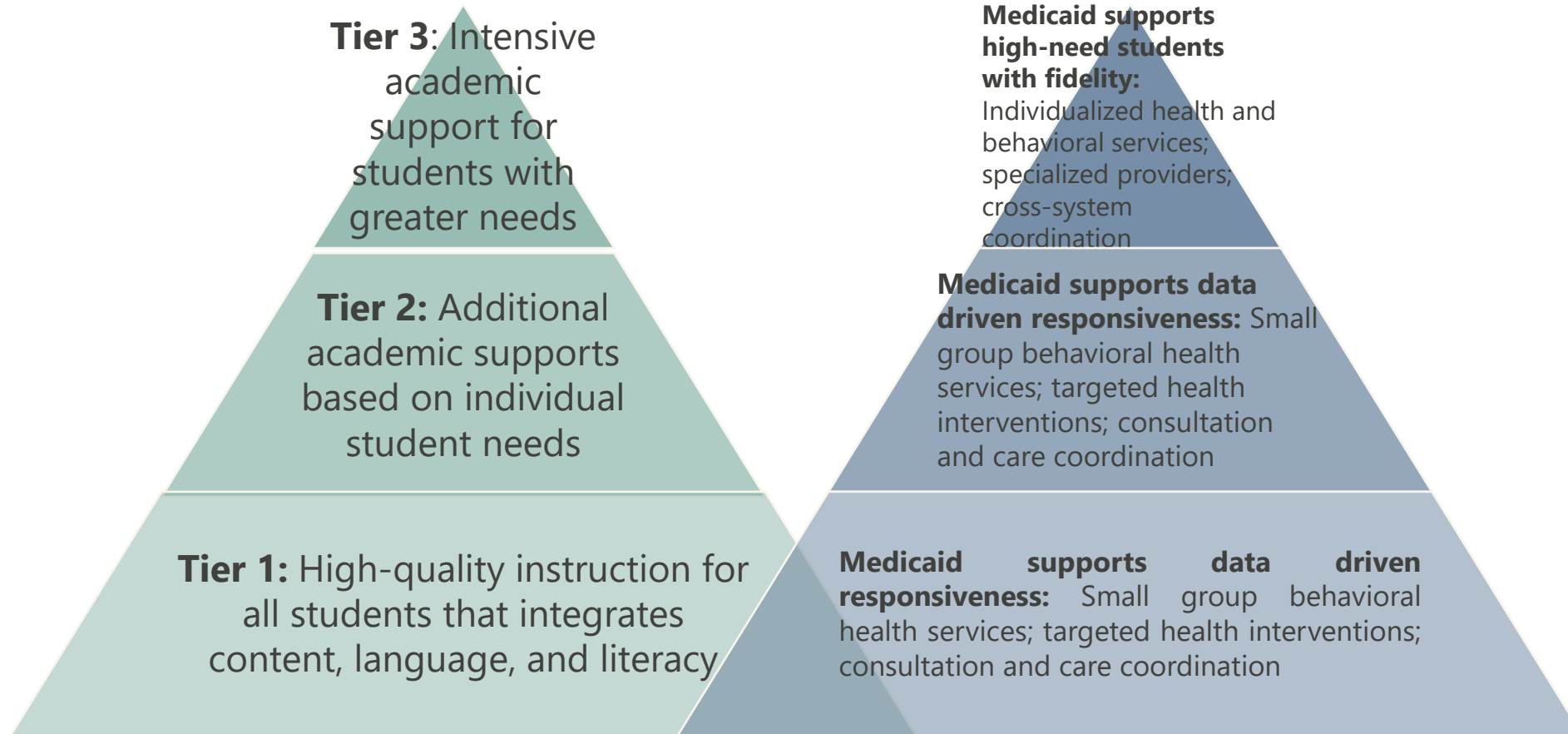
# Team-Driven Shared Leadership

- When forming an MTSS-aligned team that supports Medicaid and School Based Services, LEAs should include:
- **District or building leadership** who understand the mission, vision, and priorities and can set expectations and make decisions
- **Student support providers** (for example, nurses, counselors, social workers, psychologists, or therapists) who deliver daily services and understand student needs
- **Business or fiscal staff** who manage budgeting, cost reporting, and claiming processes
- **SBHS or MAC coordinators** who oversee compliance, documentation, and participation
- **MTSS or instructional leaders** who connect Medicaid-supported work to tiered supports and data-informed decision-making
- **Family and student voice**, where appropriate, to ensure services reflect lived experience and access needs
  - **Small-District Context**  
One person may represent multiple perspectives. What matters is that decisions are team-informed, data-guided, and transparent.





# Continuum of Supports and Alignment Across Tiers



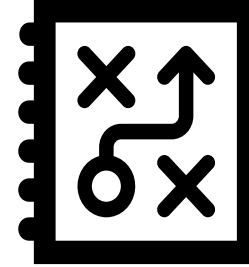
# Deeper MTSS Framing

Medicaid does not operate “at a tier.”

It supports the **people, time, and coordination** that allow MTSS teams to function across tiers.



# Continuous Improvement Cycle



- An ongoing process of improving school practice based on assessed needs and informed by data. Often this process includes rapid learning cycles (i.e. Plan-Do-Study-Act)
  - Sustainable change takes time and involves collective effort
  - Context specific: Requires continuous adaptation, data collection and learning
  - Focus on a series of small changes, combined with ongoing evidence collection and review, can lead to large-scale change
- Resources:
  - OSPI Continuous School Improvement Resources
  - A Guide for Incorporating Health & Wellness into School Improvement Plans - National Association of Chronic Disease Directors



# Medicaid and School Based Services Work Best When...

Leadership owns  
accountability

Compliance tools  
support staff and  
protect LEAs

Teams share  
responsibility and use  
MTSS data

Families and staff  
understand  
reinvestment

MTSS is the organizing  
framework



# Consent & Enrollment Gaps

- Missing or inconsistent OSPI required Notification and Medicaid Consent form (12A/12B) processes can cap reimbursement.
- Many districts plateau well below eligible reimbursement.

What this means in practice:

- No annual consent audit.
- No monitoring of participation rates and practices.

Leadership lens:

If consent rates are not reviewed like graduation or attendance data, they will not improve.



## Families encounter two separate forms at school:

FORM 12A: Required annual notification and allows the school to check whether a student is enrolled in Apple Health (Medicaid).

FORM 12B: One time, per district, consent form that allows the school or provider to bill Medicaid for eligible services.

These processes are required under federal IDEA regulations (34 CFR § 300.300(d)) and OSPI Washington Administrative Code (WAC 392-172A-07005). OSPI has standardized Forms 12A and 12B to ensure districts consistently meet these federal and state legal requirements while protecting family rights.

Signing these forms is voluntary, and families may change or withdraw their consent to bill at any time. Importantly, services provided in schools remain free to students regardless of whether families consent to Medicaid billing.



# Helping families understand, helps schools.

- **Helping families understand the purpose and benefits of Medicaid billing is key.** Reimbursement allows schools to reinvest in health and behavioral health supports, staffing, and systems that directly benefit students and school communities, including the child receiving services.
- Clear, honest explanations about privacy protections, family rights, and how billing supports school-based services can help families make the decision that feels right for them.
- The forms are available on OSPI's Medicaid and School Based Services webpage, which districts may share as a reference.



# When should districts handle Notification and Consent forms?

## **Best practice:**

Notification and Consent Forms should be embedded into existing cycles, not added later. The Notification 12A form is provided annually, the 12B Medicaid Consent form is only required once, per district.

## **High-functioning districts integrate forms into:**

- IEP development and annual reviews
- Health services enrollment and updates
- Student onboarding and re-enrollment processes
- MTSS and special education service planning

## **Practice:**

When forms are treated as a system responsibility, outcomes improve.



# How do districts operationalize this successfully?

## What works:

- Clear ownership for forms and consent processes
- Training so staff understand why forms matter
- Ongoing monitoring of form completion, not one-time collection
- Alignment encourage with MTSS, compliance, and reinvestment planning

## Strategic move:

- Assign consent oversight.
- Monitor participation rates.
- Standardize annual processes.
- Treat this as infrastructure, not paperwork.

Forms and consent are not just paperwork. They are a system lever.



# Frequently Asked Questions



## **If school social worker or counseling staff are helping with referrals, basic needs, and 1x1 counseling (not clinical MH counseling) can that fit under either MAC or SBHS or both?**

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### **School Based Health Care Services (SBHS)**

- Applies to **direct health services** delivered to individual Medicaid-enrolled students
- Services must be **medically necessary** and included in a student's **IEP or IFSP**
- Typically includes services like nursing, therapy, or counseling

### **Medicaid Administrative Claiming (MAC)**

- Applies to **administrative activities that support access to care**
- Can include referrals, care coordination, outreach to families, and collaboration with providers
- **Not tied to an individual student's IEP**

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#### **Key takeaway**

**Activities like referrals, basic needs support, and non-clinical 1:1 counseling** are most often captured under **MAC**, while **direct, medically necessary services in an IEP** may fit under **SBHS**. Some roles may contribute to **both pathways**, depending on the work being performed.

**What is the personal liability for the specialists (ex SLPs) who are completing this billing? What does auditing look like for the individuals? Often schools don't give specialists space to work as they would in a clinic (ex: services under stairs). Should interrupted services be billed for?**

### **Personal liability**

- Specialists do **not have personal financial liability** when billing within LEA processes.
- **The LEA** holds responsibility for compliance and repayment if needed.

### **Audits**

- Audits review **systems and documentation**, not individual staff performance.
- Focus is on whether services were in the IEP/IFSP and documented appropriately.

### **Service quality**

- Services should be provided in appropriate settings. (SBHS allows school, home, telemedicine settings)

### **Key takeaway**

**Accurate documentation and LEA-level supports protect staff. When in doubt,** consult your district Medicaid or Special Education lead. You can always reach out to HCA with questions.



# What do Medicaid cuts mean for schools?

“While OBBBA significantly decreases the amount of federal money that states receive, it does not target school Medicaid directly, and there is no cap on Medicaid reimbursement for the delivery of school-based health services.

As states face reductions in Medicaid and education funding, **it is crucial for them to maximize this reimbursement** — especially since this funding can be reinvested in school health services and used to retain school health providers (or hire additional providers) and offer more types of health services that students need...”

[The Impact of Federal Medicaid Cuts on States and School Districts - Healthy Students, Promising Futures](#)

Healthy Students,  
Promising Futures

GET IN TOUCH

MENU

## The Impact of Federal Medicaid Cuts on States and School Districts

Blog: School Medicaid News, News

September 3, 2025

The massive budget bill known as “OBBBA” ([H.R.1](#)), which was signed into law in July, includes significant changes to Medicaid policy that will negatively affect the health of students, families, schools and communities.

As states and school districts unpack these changes, the [concerns we heard earlier this year](#) from district leaders remain valid: Cuts to Medicaid funding will likely force some school districts to reduce their school health staff and services.

There are, however, ways for states to help mitigate these harms, which we'll discuss below.

Search



### Categories

Blog: School Medicaid News

Case Studies

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All News

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Washington Office of Superintendent of  
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# PLC Kick Off slides and webinar recording available on OSPI webpage!

The screenshot shows the OSPI website with the following elements:

- Header:** OSPI logo, "Washington Office of Superintendent of PUBLIC INSTRUCTION", "Language" dropdown, "Translate Disclaimer", and social media icons.
- Navigation:** Home, Student Success, Certification, Educator Support, Policy & Funding, Data & Reporting, About OSPI.
- Breadcrumbs:** Home » Student Success » Health & Safety » Washington Apple Health (Medicaid): School-Based Services
- Main Content:**
  - Section Header:** Washington Apple Health (Medicaid): School-Based Services
  - Text:** Schools are essential access points for both physical and behavioral health. Decades of evidence show that when students receive needed services in school—where they spend the majority of their day—both academic and health outcomes improve.
  - Text:** Washington Apple Health (Medicaid) and the Children's Health Insurance Program (CHIP), administered by the Washington Health Care Authority (HCA), provide health coverage to nearly 2 million Washingtonians, 800,000 of whom are children.
  - Text:** Local Education Agencies (LEAs) can use Medicaid to support and expand student services through several reimbursement pathways.
  - Section Header:** Top 5 Things to Know About School-Based Medicaid
  - Image:** A video thumbnail titled "School-Based Medicaid" showing a teacher and students working at a table. A red play button is overlaid on the video.
  - Section Header:** How School Districts Can Access Medicaid Funding
  - Text:** Washington's Local Education Agencies (LEAs)—which include school districts, charter schools, Tribal compact schools, and some Educational Service District programs—can access Medicaid reimbursement in three ways:
- Left Sidebar (STUDENT SUCCESS):** Resources by Subject Area, Learning Standards & Instructional Materials, Graduation, Testing, Career & Technical Education (CTE), Special Education, Support Programs, Access & Opportunity in Education, Health & Safety (with sub-links like School Safety Center, Sexual Violence Prevention, School Health & Nursing Services, 2022 COVID-19 Student Survey Results, Healthy Youth Survey, Traffic Safety Education, School-Based Medicaid (Washington Apple Health), School Health Profiles), Learning Alternatives, Awards & Recognition.
- Right Sidebar:**
  - Contact Information:** Bridget Underdahl, School Health Systems & Medicaid Strategy.
  - Professional Learning Community:** Register for School Based Medicaid Professional Learning Community.
  - Event List:** March 9: 1-2:30p PT | Staffing, Readiness, Compliance Frameworks, and MTSS Alignment; April 22: 9-10:30a PT | Real-Work Models of Medicaid Integration; June 1: 1-2:30p PT | Sustainability & Forecasting: Building Fiscal Transparency and Reinvestment Plans.
  - Link:** View Medicaid 101 & Participation Models | PowerPoint (PDF) (circled in red).

# 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 Webinar:** April 22, 2026



**Theme:** Real-World Models of Medicaid Integration



# Reach out




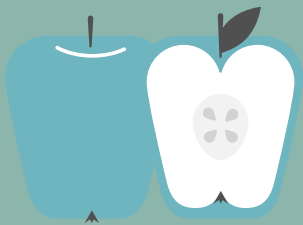
For support, guidance or presentations:

**Bridget Underdahl**

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

**[bridget.underdahl@k12.wa.us](mailto: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

-  [HCA Medicaid School Based-Services](#)



## Questions?

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### **Todd Slettvet**

Section Manager, MPD/CS

### **Stacey Bushaw**

Family Health Care Services Supervisor, MPD/CS

### **Aubrie Nettle**

SBS Management Analyst 5, MPD/CS

### **Reilly Fairbrother**

SBS Program Manager, MPD/CS

## 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](mailto:hcasbs@hca.wa.gov)



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