

# Medicaid and School-Based Services Professional Learning Community Session #4: Sustainability & Forecasting: Building Fiscal Transparency and Reinvestment Plans

June 1, 2026

## Office of Superintendent of Public Instruction (OSPI) Vision, Mission, and Values



### 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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**PUBLIC INSTRUCTION**

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## OSPI 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

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"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*



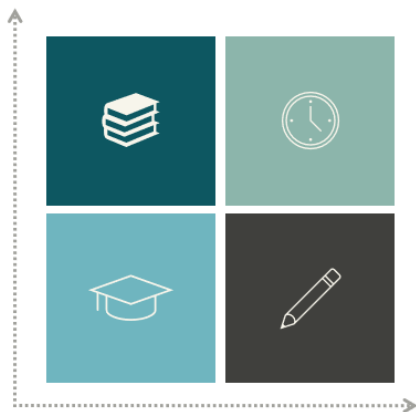
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# Agenda

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### **Fiscal Health and Reinvestment Strategies**

Best practices in reinvesting Medicaid dollars

### **Cost modeling**

Forecasting and planning

### **Medicaid Enrollment & Outreach**

Resources to connect with families

### **Wrap up & next steps**

Continued TA available



- Fiscal Health and Reinvestment Strategies: Best practice in reinvesting Medicaid dollars
- Cost Modeling: Forecasting and planning
- Medicaid Enrollment & Outreach
- What's next & Next steps: Continued TA available

## Meet the team

# Meet the Team

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**Bridget Underdahl, OSPI**



**Julee Christianson, OSPI**



**Aubrie Nettle, HCA**



State team presentation during the webinar:

- Bridget Underdahl, OSPI
- Julee Christianson, OSPI
- Aubrie Nettle, HCA

## State agency partnership

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- 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.



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## Common abbreviations

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- 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 Organizations
- MTSS – Multi-Tiered System of Supports



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## Professional Learning Community Objectives

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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 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 bridges experienced billing LEAs with those just getting started
- Share practical tools, guidance, and stories that make Medicaid meaningful and doable



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## Participant expectations

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- Put questions in the Q&A
- 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



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## Medicaid and School-Based Services Modernization

# Announcing... Medicaid and School-Based Services Modernization

### What:

OSPI and HCA are modernizing school-based Medicaid claiming by creating a single comprehensive program that **reduces administrative burden, expands Medicaid coverage for eligible services and providers, and uses a cost based model for reimbursement** leveraging RMTS (Random Moment Time Study) and MERs (Medicaid Eligibly Rates) for both direct medical and administrative activity services.

### When:

**Now:** Medicaid Administrative Claiming (MAC) is a cost based model that leverages RMTS and MERs to calculate reimbursement for eligible LEA incurred expenses. Participation in MAC for administrative services now, sets you up for success in the future program while accessing additional funds. *MAC is the foundation.*

**Summer 2027:** New single comprehensive cost based reimbursement model launches statewide.

**Why it matters: Stabilizes staffing, sustains student supports, and frees up local funds**

👉 Fund what you already do



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**Why it matters: Stabilizes staffing, sustains student supports, and frees up local funds**

Reminder: Medicaid funds what you already do.

# Medicaid and School-Based Services Reimbursement as a Fiscal Health & Reinvestment Strategy

## Protecting Core Services and Expanding Local Flexibility

- Reimbursement from Medicaid and School-Based Services is one of the few ongoing reinvestment opportunities available to LEAs that:
  - Supports required services already being delivered
  - Generates revenue without reducing instructional funding
  - Provides flexibility in how dollars are reinvested locally

### MAC Champion Perspective

*"It is the only flexible money our district has.  
Every other dollars comes with specific requirements."*



## Stabilizing Capacity Where Margins Are Thin

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For many LEAs, Medicaid reinvestment:

- Keeps essential positions viable
- Supports staff who serve multiple roles
- Funds coordination time that otherwise goes unfunded
- Prevents erosion of Tier 1 and Tier 2 supports

This is not just additive funding, it is **protective funding**.



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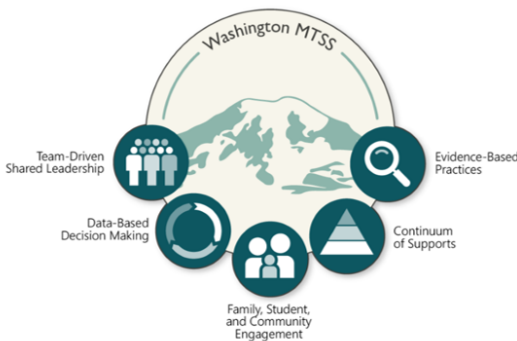
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## Connecting Fiscal Health to MTSS Outcomes

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### Reinvestment With Purpose

- High-functioning LEAs do not treat Medicaid revenue as a separate pot of money. They intentionally:
  - Align reinvestment decisions to MTSS priorities
  - Use data to identify pressure points across tiers
  - Invest in staffing, coordination, and training that strengthen the whole system

### Result

- Stronger Tier 1 foundations
- More responsive Tier 2 supports
- Sustainable Tier 3 services
- Reduced reliance on short-term grants
- When participation, compliance, MTSS alignment, and reinvestment are connected, Medicaid becomes a **strategic fiscal tool**, not an administrative burden.

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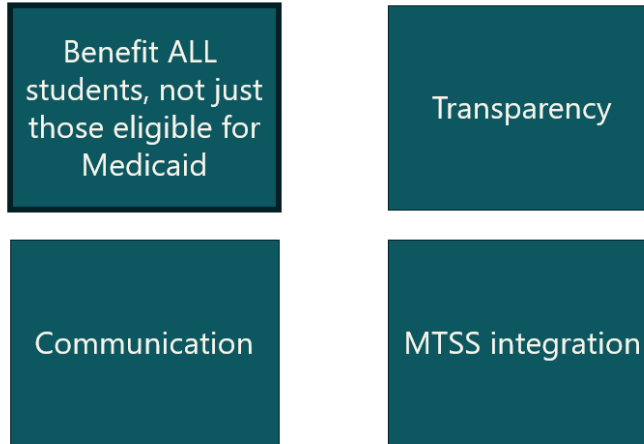
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## Reinvestment best practices

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Additional slides will discuss transparency, communication and MTSS integration as reinvestment best practices, but this slide was to highlight that Medicaid reinvestment can benefit *all* students, not just those eligible for Medicaid.

# From Revenue to Results

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With rising student needs, expiring grants, shrinking education budgets, Medicaid is a scalable approach that brings in recurring federal funds, reduces pressure on local resources, and creates a transparent reinvestment loop that supports MTSS and long-term district fiscal stability.

## How LEAs Operationalize Reinvestment

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High-functioning LEAs treat Medicaid and School-Based Services as part of their MTSS operating system, not a separate funding stream.

- They intentionally connect:
  - Transparent communication
  - Compliance systems
  - MTSS decision-making
  - Reinvestment planning

#### Purpose

Use Medicaid to stabilize services, protect staffing, and strengthen tiered supports.



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## Step 1 — Anchor Reinvestment to MTSS Priorities

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LEAs start with MTSS, not revenue.

- They ask:
  - Where are Tier 3 services fragile or overextended?
  - Where can we strengthen Tier 2 & 1?
  - Which Tier 2 supports are inconsistent or could be strengthened by continuous improvement frameworks?

#### **Practice**

- Reinvestment decisions are discussed alongside MTSS data
- Fiscal decisions align to student need



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In practice, reinvestment decisions are discussed alongside MTSS data and fiscal decisions align to student need.

## Step 2 — Use Data to Identify Pressure Points

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LEAs rely on existing data, not new reporting systems.

- Common data sources:
  - MTSS tier movement trends
  - Health office and counseling utilization
  - Attendance and engagement patterns
  - Service wait times or staffing ratios
  - Staff capacity and turnover indicators

#### **Practice**

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## Step 3 — Invest in People, Time, and Coordination

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LEAs prioritize investments that strengthen the system across tiers.

- Common strategies:
  - Stabilizing nursing, counseling, and behavioral health positions
  - Funding MTSS coordination and consultation time
  - Supporting professional learning tied to service delivery
  - Protecting staff roles that serve multiple tiers
  - Supporting documentation and compliance infrastructure

Medicaid reimburses for services provided to Medicaid eligible students (admin and direct) and schools can use that reimbursement to fund infrastructure.



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## Step 4 — Make Reinvestment Visible and Transparent

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#### Transparency Builds Motivation and Trust

High-performing LEAs make Medicaid **visible and understandable**.

- They communicate clearly:
  - Where Medicaid dollars go
  - How reinvestment supports students, staff, and families
  - That Medicaid and School-Based Services are flexible funding that strengthens the whole system and supports individuals to see their work or part in a larger mission

#### Practice

- Staff understand how participation supports their work
- Families see how services are sustained
- Leadership reinforces the value of Medicaid participation



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# The Strategic Takeaway: From Compliance to Stewardship

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When participation, compliance, MTSS alignment, and reinvestment are connected...

Medicaid and School-Based Services becomes

- A fiscal health strategy
- A staffing stabilization tool
- An MTSS sustainability mechanism

... **Not an administrative burden**

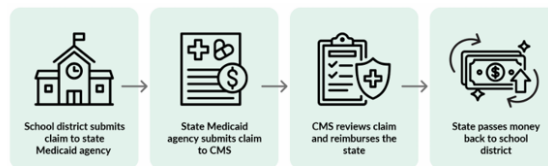


When participation, compliance, MTSS alignment, and reinvestment are connected Medicaid and School-Based Services becomes a fiscal health strategy, a staffing stabilization tool and an MTSS sustainability mechanism, rather than an administrative burden.

## How Are LEAs Using Their Reimbursement?

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- [Reinvesting School Medicaid Funds to Improve Student Health: State Policies and Strategies:](#)
  - 86% of respondents cited salaries for staff such as school nurses, school psychologists, occupational and physical therapists and speech-language pathologists
  - 59% cited mental and behavioral health services
  - 46% cited assistive technology and specialized equipment for students with disabilities

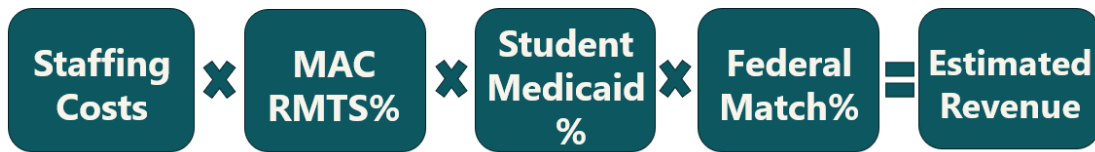


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## MAC Program Revenue Forecasting

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- How to estimate MAC program revenue:



How to estimate MAC program review:

Staffing Costs \* MAC RMTS % \* Student Medicaid % \* Federal Match % = Estimated Revenue

Staffing costs = total cost of salary + benefits

RMTS % = percent of time the pool spends on MAC activities

MER = total Medicaid enrolled students/total enrolled students

FFP = federal match (50%)

## MAC Program Revenue Forecasting Examples

### MAC Program Revenue Forecasting

Cost Pool	Staffing Cost	X	MAC RMTS%	X	Student Medicaid%	X	Federal Match%	=	Estimated Revenue
1: Administration	\$2,000,000	X	5.6%	X	33%	X	50%	=	\$18,480
2: Education	\$5,000,000	X	1.3%	X	33%	X	50%	=	\$10,725
3: Health Services	\$3,000,000	X	13.4%	X	33%	X	50%	=	\$66,330
<b>TOTAL</b>									<b>\$95,535</b>

- Average MAC RMTS % from FY'25-'26 shown
- Statewide Average Student Medicaid % shown (substitute your district's actual if you know it)



Here are some examples using the average MAC RMTS percentage from FY 15-16 and the statewide average student medicaid percentage.

1. Administrative Cost Pool Example
  - a. Staff Costs = \$2,000,000
  - b. MAC RMTS % = 5.6%
  - c. Student Medicaid Rate = 33%
  - d. Federal March % = 50%
  - e. Estimated Revenue =  $\$2,000,000 \times 5.6\% \times 33\% \times 50\% = \$18,480$
2. Education Cost Pool Example
  - a. Staff Costs = \$5,000,000
  - b. MAC RMTS % = 1.3%
  - c. Student Medicaid Rate = 33%
  - d. Federal March % = 50%
  - e. Estimated Revenue =  $\$5,000,000 \times 1.3\% \times 33\% \times 50\% = \$10,725$
3. Health Services Cost Pool Example
  - a. Staff Costs = \$3,000,000
  - b. MAC RMTS % = 13.4%
  - c. Student Medicaid Rate = 33%
  - d. Federal March % = 50%
  - e. Estimated Revenue =  $\$3,000,000 \times 13.4\% \times 33\% \times 50\% = \$66,330$

In this example, the total for all three pools is \$95,535.

Past PLC slides and webinars available on OSPI webpage

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The past PLC slides and webinar records are available on [Washington Apple Health \(Medicaid\): School-Based Services](#) webpage.

## Medicaid and School-Based Services Modernization

### Medicaid and School-Based Services Modernization means...

- Reimbursement for administrative and direct services with *expanded* covered services and provider types for all Medicaid and CHIP eligible students, not limited to IEP/IFSP.
- Expansion of physical and behavioral health services and provider types
- School staff participate in a random moment time study (RMTS)
- School districts contract directly with HCA to receive reimbursement through a Certified Public Expenditure (CPE) process



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## Future State Projection

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- Projections show that just by combining current programs (without expansion) into CBR WA is projected to increase Federal Financial Participation (FFP) from \$15.25M to \$28.9M\*
- **With** expansion of services, providers types, and inclusion of Medicaid/CHIP eligible students we expect this number to increase even more.



\*Data represented from 2023 (SBHS and MAC FFP reimbursements)



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## Frequently Asked Question: With upcoming federal restrictions on Medicaid, do we expect that our Medicaid eligibility percentages will decrease across the state?

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**With upcoming federal restrictions on Medicaid, do we expect that our Medicaid eligibility percentages will decrease across the state?**

- SBS remains protective of whole student well-being. School-Based Medicaid supports schools [in](#): sharing accurate information, helping families stay enrolled, and connecting students to care. Our goal is to ensure that, even during times of change, students continue to receive the care and support that keeps them learning.

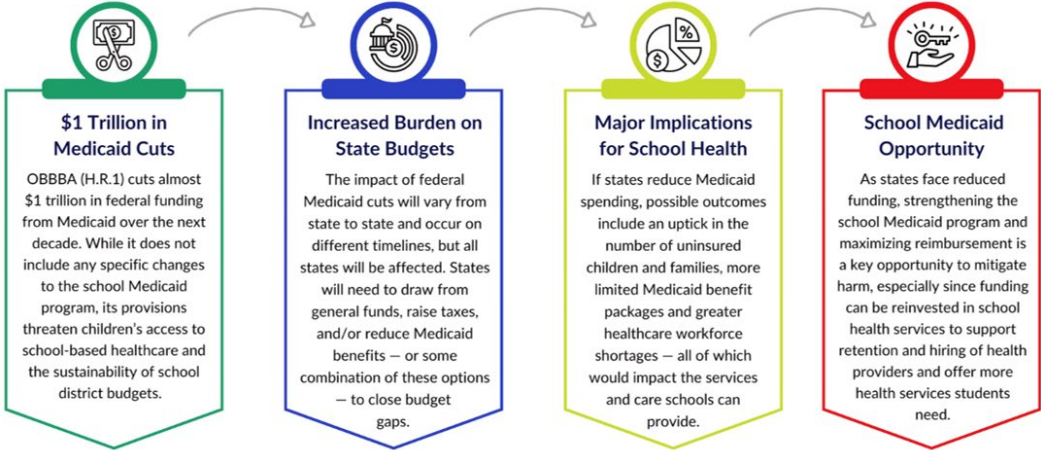


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# Medicaid Cuts are Coming

## Medicaid Cuts are Coming:

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



### HEALTHY SCHOOLS CAMPAIGN

OBBBA (H.R.1) cuts almost \$1 trillion in federal funding from Medicaid over the next decade. None of the changes are specific to school-based Medicaid, but its provisions threaten access to school-based healthcare and the sustainability of school district budgets.

The impact of federal Medicaid cuts can increase the burden on states to close budget gaps.

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.

This is really an opportunity for School-based Medicaid to maximize reimbursement as a key opportunity to mitigate harm.

## This Funding Remains Stable

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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**.



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# What Federal Adult Medicaid Changes Mean for Schools

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- 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.

## School based services Apple Health (Medicaid) toolkit

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- Supports outreach, education, and engagement efforts around Apple Health enrollment.
- As changes to state and federal health coverage laws evolve, it's more important than ever to ensure Washingtonians understand:
  - How to apply for, renew, and manage their Apple Health coverage.
  - What Apple Health services are covered and how to use them.
  - Where to learn about changes coming to Apple Health eligibility
- Messaging on Apple Health coverage with potential or existing clients. Publications available in 15 languages.
- Audience: Apple Health clients and those who help individuals apply for, renew, or manage their health coverage, including benefit administrators and office staff.
- [SBS Apple Health toolkit](#)



Nearly 2 million people in Washington rely on Apple Health, our state's Medicaid program, for their health care. Yet many community members don't realize that Apple Health is Medicaid.

[SBS Apple Health toolkit](#) equips partners with accurate, accessible information to support outreach, education, and engagement efforts around Apple Health. As changes to state and federal health coverage laws evolve, it's more important than ever to ensure Washingtonians understand:

- How to apply for, renew, and manage their Apple Health coverage.
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- Where to learn about changes coming to Apple Health eligibility.

How to use this toolkit:

- This toolkit acts as a messaging guide for sharing up to date information about Apple Health coverage with potential or existing clients. Refer to this guide when sharing information about health coverage.
- Audiences: This toolkit is intended for Apple Health clients and those who help individuals apply for, renew, or manage their health coverage, including benefit administrators and office staff. It is available in 15 languages.

## Apple Health (Medicaid) Outreach

Access to health care benefits everyone. Those who are insured tend to have better outcomes, that means more students at school, ready to learn, and ready to thrive. It also means a potentially high rate of Medicaid eligible students in your district to

No matter what Medicaid billing looks like at your LEA, you can play a part in ensuring families and students have crucial access to preventative services, routine checkups, immunizations, chronic disease management, and mental health care. Misinformation and disenrollment is coming, so please reach out to families about Medicaid enrollment. Some ideas for outreach are back to school nights, brochures with office staff and mailers.

## Next Steps: What will this transition look like?

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#### NOW –

- 1:** Stay engaged with PLCs, ensure you are taking advantage of MAC reimbursement
- 2:** Keep an eye out for information via email, the OSPI SBS website, and the HCA SBS website

#### 26-27 -

- 3:** HCA and OSPI will offer technical assistance and support during contract transition from SBHS/MAC to CBR (moving 3 methodologies into 1)
- 4:** Expect communications regarding the sunset of SBHS and MAC, as we transition to CBR
- 5:** CBR implementation = *Summer of 2027!*



For now:

- Stay engaged with PLCs, ensure you are taking advantage of MAC reimbursement
- Keep an eye out for information via email, the OSPI SBS website, and the HCA SBS website

School year 26-27:

- HCA and OSPI will offer technical assistance and support during contract transition from SBHS/MAC to CBR (moving 3 methodologies into 1)
- Expect communications regarding the sunset of SBHS and MAC, as we transition to CBR
- CBR implementation = *Summer of 2027!*

## Technical Assistance Available!

### Technical Assistance Available!

- Reach out! We would be happy to support you and answer any questions!
- School-Based Health Care Services (SBHS) - [hcasbs@hca.wa.gov](mailto:hcasbs@hca.wa.gov)
- Medicaid Administrative Claiming (MAC) - [MAC@hca.wa.gov](mailto:MAC@hca.wa.gov)
- OSPI
  - [Julee.Christianson@k12.wa.us](mailto:Julee.Christianson@k12.wa.us)
  - [Bridget.Underdahl@k12.wa.us](mailto:Bridget.Underdahl@k12.wa.us)



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- OSPI
  - [Julee.Christianson@k12.wa.us](mailto:Julee.Christianson@k12.wa.us)
  - [bridget.underdahl@k12.wa.us](mailto:bridget.underdahl@k12.wa.us)

# Past PLC slides and webinar recording available on OSPI webpage

Past PLC slides and webinar recording available on OSPI webpage!




Find past PLC slides and webinar recordings on the [OSPI Apple Health \(Medicaid\) webpage](#).

## OSPI and MAC Contacts

### 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)  
Medicaid Administrative Claiming (MAC) LEA Program

- [mac@hca.wa.gov](mailto:mac@hca.wa.gov)
- [MAC LEA Program webpage](#)



For support, guidance or presentations, contact Bridget Underdahl, School health Systems and Medicaid Strategy, OSPI at [bridget.underdahl@k12.wa.us](mailto:bridget.underdahl@k12.wa.us). Also visit OSPI's [Washington Apple Health \(Medicaid\): School-Based Services](#) webpage. For general inquires and contracting about the MAC program, contact [mac@hca.wa.gov](mailto:mac@hca.wa.gov) or visit [HCA LEA MAC Program](#) webpage.

## HCA Contacts



### Questions?

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**Todd Slettvet**

Section Manager, MPD/CS

**Stacey Bushaw**

Family Health Services Supervisor, MPD/CS

**Aubrie Nettle**

SBS Management Analyst 5, MPD/CS

**Reilly Fairbrother**

SBS Program Manager, MPD/CS

**Brittany Mullins**

MAC

### 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)

The HCA staff include: **Todd Slettvet**, Section Manager, MPD/CS, **Stacey Bushaw**, Family Health Services Supervisor, MPD/CS, **Aubrie Nettle**, School Based Services (SBS) Management Analyst 5, MPD/CS, **Reilly Fairbrother**, SBS Program Manager, MPD/CS, and **Brittany Mullins**, MAC program. For assistance, email [hcasbs@hca.wa.gov](mailto:hcasbs@hca.wa.gov). Further information can be found at:

- [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#)
- [School-based services | Washington State Health Care Authority](#)