

FAQ School-Based Apple Health (Medicaid) Modernization Update For Community-Based Providers and Partners

The Washington State Health Care Authority (HCA) and the Office of the Superintendent of Public Instruction (OSPI) are modernizing school-based Apple Health (Medicaid) services, with implementation beginning in summer 2027.

This modernization will:

- Simplify Medicaid claiming
- Reduce administrative burden for schools and staff
- Expand eligible services and provider types
- Use Random Moment Time Study (RMTS) for all staff instead of individual service billing

These updates align with guidance from the Centers for Medicare & Medicaid Services (CMS), including [*Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming*](#).

School Apple Health modernization is designed to:

- Bring more federal funding into Washington schools
- Reduce administrative burden on staff
- Expand access to student health and behavioral health services
- Strengthen the connection between student well-being and academic success

OSPI and HCA are working in close partnership to provide **ongoing support, training, and clear guidance** to districts and partners, ensuring a smooth and successful transition.

Questions?

- **Visit:** [HCA's School-based services webpage](#)
- **Visit:** [OSPI's Washington Apple Health: School-based services webpage](#)

What is changing?

Washington is moving from billing individual services to a **cost-based reimbursement model** that reflects the full cost of delivering care.

How does this affect my day-to-day work?

- Less service-by-service billing



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- Participation in Random Moment Time Study (RMTS)
- More time focused on student care

Are services still covered?

Yes. Services remain covered and are expanding to include more provider types and services for all students.

What is RMTS?

Random Moment Time Study (RMTS) is a simple way to capture staff time. Occasionally, you will receive a prompt asking what you were doing at a specific moment. This replaces detailed billing logs.

Will this increase my workload?

No. It is designed to **reduce administrative burden** and better align with how school staff already work.

Why does this matter for students?

It helps schools access more funding to sustain and expand services that support student health, attendance, and learning.

What support will I receive?

Office of the Superintendent of Public Instruction (OSPI) and the Health Care Authority (HCA) will provide training, tools, and ongoing support.

What is changing?

Schools are moving to a **cost-based reimbursement model** that better supports how services are delivered and funded.

How does this affect community providers?

Partnerships remain essential and may expand, particularly in behavioral health, care coordination, and integrated service delivery.

Will schools still contract with community providers?

Yes. Schools will continue to partner with community providers, and these relationships may grow under a more sustainable funding model.

How might billing or funding change?

Schools will no longer bill per service. Instead, reimbursement is based on overall costs and staff time, which may influence how partnerships are structured.

What opportunities does this create?

- Expanded collaboration with schools
- Increased access to students
- More sustainable funding for services

What should providers be aware of?

- Schools are transitioning to new systems and will need time and support
- Clear agreements and coordination remain important
- Apple Health (Medicaid) alignment continues to be essential

How can providers engage?

- Connect with local districts
- Align services with student needs
- Participate in coordination and planning efforts