



School Medicaid Advisory Committee

Date of Meeting: January 26, 2026

Time 9:30-11:00 a.m.

Join Meeting: <https://www.zoomgov.com/j/16115610142?omn=1607740356>

Members:

- Allison Sibernagel
- Ashleigh Walters
- Chris Moore
- Cynthia Branger Munoz
- Elsa Flores
- Eryn Womack
- Joe Leykam
- Katie O’Day
- Karen Benson
- Kelle Hildebrandt
- Kelly Coates
- Kim Giansante
- Kimberly Long
- Landon Braden
- Leanne Mixa Bettin
- Lisa Ledson
- Morgan Allen

Also Present:

- Courtney Sevey
- Fran Pearson
- Jennifer Dundon
- Jennifer Smith
- Jeremy Ford
- Jessie Eagan
- Judy Weaver
- Kati Moseley
- Lasa Baxter

- Ruby McConnell
- Sarah Foster
- Stacy Michaelson
- Wendy Niskanen
- Willis Homann

Agenda Item	Discussion
<p>Welcome and Housekeeping (10 minutes) - Rusha Grinstead</p> <ul style="list-style-type: none"> ● Welcome and Opening Remarks ● Icebreaker – Finish the sentence: “New Year, new...” ● Welcome Patti Vickers, ODE 	
<p>Updates on Guidance in Development (15 minutes) - OHA</p> <ul style="list-style-type: none"> ● TSPC Guidance ● OAR to Update Definition of Personal Care Services ● Discussion and Questions 	<p>Rusha Led Discussion</p> <p>TSPC-licensed school counselors, school social workers, school psychologists added as billable practitioners for direct services. May also participate in Medicaid Administrative Claiming (MAC). Used information gathered from ODE-led work groups to help understand scope of billing. OHA is working on a guidance document of procedure codes and MAC activity codes. Draft guidance doc has been shared back out with work groups and billing vendors for review.</p> <p>Personal Care Services</p>



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	<p>OHA is doing another revision of PCS OARs. Received feedback from ODE-led engagements sessions with Oregon State Board of Nursing, Oregon School Nurses Association, Oregon Occupational Therapy Licensing Board, Oregon Board of Speech-Language Pathology and Audiology, Oregon Board of Physical Therapy. Public comment closes January 31st, 2026.</p> <p>Stacy – questions about PCS and behavioral health – does it cover 1:1 EAs for students with behavior plans.</p> <p>Rusha response: Yes, behavioral health services can be billed under personal care services.</p> <p>Joe L – draft rules look good. One concern: His perception is that PCS rules rely on nurse’s ability to determine need. Which may not align with behavioral health needs.</p> <p>Rusha – that level of specificity would not need to be in rules – would be in guidance</p> <p>Eryn – reviewed with other school districts – “redirection and interventions” for behavior. What does that look like for billing? What is the cut-off between education versus Medicaid billable?</p> <p>Rusha – this will be worked out in guidance</p> <p>Wendy – PCS rules are now more aligned with Board rules for nursing; clarification around training/assignment, supervision, delegation.</p> <p>Joe L – Ballmer institute for Bachelor-level licensure for behavior in school settings.</p> <p>Rusha is aware of this work and is keeping tracked in.</p> <p>Katie O’Day – how can OT groups be included in guidance and training?</p> <p>Rusha will reach back out.</p>
<p>Project Status Updates (15 minutes) - OHA, MESD, and WestEd</p> <ul style="list-style-type: none"> • Billing Pilot • Regional Learning Cohorts • 2025 Webinar Participation Analysis • Discussion and Questions 	<p>Leanne – Pilot Project Update</p> <p>Overview of milestones (trainings, check-ins, office hours, status updates, etc.) from August to October of 2025. Making good progress. Currently working on developing cost-based rates.</p> <p>Lisa E – Provided overview of regional learning cohorts. Develop learning hubs of regional experts to share resources, billing support, knowledge, etc.</p> <p>Joe L – how many school districts involved in each cohort?</p> <p>Lasa response: Wallowa included all school districts in their region in addition to school districts/ESDs in local</p>

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	<p>area. Douglas ESD is also part of the pilot project – they are working with constituent school districts (have MOUs in place with all of them), and 2 additional ESDs (building Medicaid resources).</p> <p>Eryn – are there other EAs who have submitted cost rates for non-IDEA services?</p> <p>Lasa response: many are in the process of enrolling but have not yet submitted costs.</p> <p>Lisa E – overview of webinar series during 2025 and participant counts.</p> <p>Joe L – how can we get at the number of EAs accessing the webinars?</p> <p>Lisa E – has some data (included in PowerPoint), can follow-up with more</p>
<p>Addressing the Needs of Rural EAs (15 minutes) - Landon Braden</p> <ul style="list-style-type: none"> • What are the unique participation barriers facing rural school districts and ESDs? • What are the unique opportunities supporting rural EAs? • What are some “bright spots” where School Medicaid participation and implementation is going well? 	<p>Landon</p> <p>Own your impact/own your truth. Likes to understand the reason why we do what we do. Saw lack of resources in frontier areas firsthand. Drives him in the work he does.</p> <p>Rural/Frontier area has 51,000 students but half of the geography of the state. Average student enrollment in rural areas is 832. Largest district in Wallow County is less than half of that. Smallest district has 2 students. Why can smaller/rural districts move the dial quicker? In his area – what he’s heard is that it is relatively easy to roll things out (very relationship based). A lot of trust in the area.</p> <p>Received feedback from 61 school districts –</p> <p>Barriers:</p> <ul style="list-style-type: none"> • Understanding Medicaid takes a specialist. Takes time to get up to speed on all of the rules/requirements. In the rural areas that often falls on the administrators, who are already over-burdened. Landon has tried to make it as turnkey as possible for new districts to come on board. Provide a lot of training. Have MOU that SBHS reimbursement is reinvested back into program that it came from. • Timelines to see money come back in – sometimes it takes a year. Hard to sink costs with delayed reimbursement timelines.



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	<p>Growing effort slowly on purpose – can’t take all on right now. Quality over quantity.</p> <p>Bright Spots</p> <ul style="list-style-type: none"> • All school districts polled recognized advantage in being able to move quickly. “nimble, responsive, very integrated into communities, usually have very high engagement and partnerships” • Using funds to bring in additional resources to parts of the state that need it most: Full-time SLP to support whole region, adding school counselors • Grow your own, bring up local people & help them get licensed. • Behavior classroom funded by SBHS reimbursement – placement for kids who need a smaller environment. • Funding cuts coming – Medicaid resources being seen as an insurance policy to defend against that
<p>2026 Engagement Plan (15 minutes) - WestEd</p> <ul style="list-style-type: none"> • Summarize themes from SMAC feedback and discussion during November meeting • Highlight activities planned for 2026 	<p>Lisa E</p> <p>Feedback received: liked webinars, office hours, Monthly Medicaid discussions, RLCs/regional engagements, ability/willingness of state team to translate policy and requirements. Increased presence.</p> <p>Suggestions for 2026</p> <p>Practitioner-specific support and training</p> <p>Conference presentations</p> <p>Leverage committee member relationships/connections</p> <p>Support for Medicaid Coordinators</p> <p>Presentation of Overview of 2026 Engagement Plan</p> <p>Articulating distinction between SBHS-Recognized provider (practitioner-specific) series and regional learning cohort (regional capacity).</p> <p>Leanne – how do we make sure we reach the right people?</p> <p>Feedback from group: Collaboration with professional associations, licensing boards</p> <p>Elsa – can OHA pull file of enrolled providers?</p>



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	<p>Kimberly – Clackamas – in support of practitioner-specific series(OT/SLP). Happy about EI/ECSE/EcWeb webinar – practitioner attendance is required and they are being given time to attend.</p> <p>Landon – how to recruit licensed practitioners?</p> <p>Wendy: working on strategies for rural areas (nursing). Get practitioners to enroll in professional associations (district paying would be recruitment/retention incentive)</p> <p>Joe: Community engagement – leverage membership of this group to reach people. Digital is helpful – and in-person engagement is very helpful as well.</p>
Closing (10 minutes) - Rusha	