



# School Medicaid Advisory Committee

Date of Meeting: April 28 2025

Time 9:00-12:00

Join ZoomGov Meeting:

<https://www.zoomgov.com/j/1617445886?pwd=Tnp1TCtGWmJnbFp6c3E3QXJVZ0ppQT09>

Members:								
	April Harrison	x	Ashleigh Walters		Chris Moore		Creighton Helms	x Cynthia Branger Munoz
	Elsa Flores	x	Eryn Womack	x	Joe Leykam		Kelle Hildebrandt	x Kelly Coates
x	Kim Giansante	x	Landon Braden	x	Leanne Mixa Bettin	x	Lisa Ledson	
x	Sarah Foster	x	Stacy Michaelson	x	Wendy Niskanen	x	Willis Homann	

Also Present:								
x	Shelby Parks	x	Jennifer Dundon	x	Lasa Baxter	x	Jennifer Smith	Aimee Elliott
x	Allyson McNeill	x	Rusha Grinstead		Jeremy Ford		Lisa Eisenberg	x Courtney Sevey
x	Betsey Fawcett	x	Liza Morris	x	Fran Pearson	x	Molly Haynes	

Agenda Item	Discussion
<b>Welcome, Opening, and Housekeeping (10 minutes) Shelby Parks</b> <ul style="list-style-type: none"> <li>Welcome and Opening Remarks</li> <li>Icebreaker</li> <li>Meeting Norms and Parking Lot</li> <li>Review Agenda</li> </ul>	<b>Shelby shared the welcome and opening remarks.</b>  Members put their answers to the icebreaker in the chat.
<b>TSPC Rule Engagement – Jennifer D</b> <ul style="list-style-type: none"> <li>TSPC School Psychologist Workgroup report out</li> <li>TSPC School Counselor and School Licensed Social Worker Workgroup report out</li> </ul>	<b>Jennifer Dundon introduced the group and provided a brief description of the purpose of the workgroups. The full project was presented at the January 2025 SMAC meeting.</b>  <b>TSPC School Psychologist Workgroup:</b> Mariana Rocha-Multnomah Early Childhood Program Administrator, School Psychologist Amanda Gray-Klamath Falls City Schools School Psychologist Robin Stoeber-Early Learning Administrator, School Psychologist <b>Provided Recommendations, scope of practice, documentation, service provision, types of plans, and supervision and coordination with other practitioners.</b>  Cynthia Branger Munoz had a question about the makeup of the workgroup and wondering if there was both rural, urban, and suburban representation.

- Mariana Rocha, Amanda Gray, and Robin Stoeber clarified that there are rural, suburban, and urban areas being represented in the workgroup.

Joe Leykam: Commented about how complex the school psychologist role is across districts and clarity around what are the central organizing features that are addressed. Question about if there is a core purpose or defining feature how to make it clear to individuals on how to communicate the role of the School Psychologist.

- Robin Stoeber clarified that the roles are different depending on where you are but to look at the mass standard and the comprehensive scope of services that School Psychologists can do. Districts have found what the need is and have filled the roles.
- Amanda Gray stated the overarching buckets are evaluations, counseling services, crisis intervention, and consultation with teams.

Jennifer Dundon clarified that the ask of the workgroups was to provide comprehensive information on the work that school counselors, school social workers, and school psychologists do in the school setting to help inform OHA's next rule update.

- Mariana Rocha pointed out that within the slide deck there is a link to California's School Medicaid Service Manual: School Psychology and Counseling and The Professional Standards of the National Association of School Psychologists. Commented that they are trained broadly and have a lot of different backgrounds.
- Link provided here: [California's School Medicaid Service Manual: School Psychology and Counseling](#)
- Link provided here: [The Professional Standards of the National Association of School Psychologists](#)

Lisa Ledson commented that she is a registered nurse and listening to the capacity of the School Psychologist and School Social Worker that if they ran the school, it would be completely different and did not realize the full breadth of what School Psychologists do. Question and clarification about using the terms and language around Behavioral Analysis and Functional Behavioral Analysis (FBA), is that a blanket term or the term of the task or assessment.

- Amanda Gray replied that FBAs are based on student need and there is a general structure on how it is conducted including observations, interviews and data.

Even though it seems broad there are things that School Psychologists do in order to collect the data of the function of behavior the student is doing. It can vary, and some districts have a template for the FBA to support a behavior support plan.

Wendy Niskanen commented that there is a lack of understanding about roles for school health professionals and the answer lies within the practice act. Each health professional has a set of laws that are followed and defines the scope. Commented on how great the work is that has been done today and wants to reach out to connect. Replied to Joe Leykam's question that it is important to talk to the school health professionals and listen to what they define their scope of practice. Question about when there is a partnership does everyone in the room bill.

- Lasa Baxter replied that if it is a Medicaid covered services, provided and documented by two different Medically Qualified Individuals within their scope of practice and the services are included in the Plan of Care, then yes, they are billable.

Lasa Baxter clarified that some services might not be billable as a direct service. There is a lot of teaching and training that might be covered under Medicaid Administrative Claiming (MAC)

- Wendy Niskanen commented that there might be an ask for more training around MAC. Asked for a MAC training.

Leanne Mixa Bettin commented that crisis services aren't planned and she is trying to get a better understanding of how those may be billable. Currently there is a requirement to have an Individual Plan of Care (IPOC). Asked for examples of crisis services that need to happen in the moment and are unplanned and are they provided to a group of students or individuals and is there follow up documentation.

- Mariana Rocha answered that often times they are part of a School Districts crisis response team and might be triaging a safe space. Another area would be a risk assessment, such as suicide or threat assessment are considered crisis examples. Robin Stoeber added that when referencing the California Medicaid info sheet that is linked there are some examples about what it would look like, and what could be done per day to intervene with the student and falls under crisis response. A good

example to reference. Amanda Gray commented that it would depend on the crisis intervention if it impacts groups or individuals.

- Joe Leykam asked if we are talking about expansive of non Individual plan of care crisis-based services.
- Leanne Mixa Bettin clarified other states bill for crisis services and have codes for that.
- Joe Leykam commented that the Mental Health system does have codes and are constructed in different ways and many of the crisis-based services have been attached to the community mental health programs and their contracted entities. Asked if that would be opened up.

Stacy Michaelson had a question about timelines for updates to the OARs based on the information presented today.

Jennifer Dundon clarified that the intention for the rule update was to have this information from the workgroups and help form an analysis on how to break down direct billing versus MAC. The team wanted this information ahead of time to accurately reflect what is being done and to capture as much as possible.

Rusha Grinstead mirrored what Jennifer Dundon stated and addressed that there is a process for policy and rule changes and involves engagement with community partners to reflect the need of the community and provider partners in the way rules are drafted. The next steps are to take a look at the recommendations and have further conversations as needed before drafting the rules and bringing them back to the SMAC for review. For crisis response, the codes that are for behavioral health crisis response are for behavioral health and crisis response in community settings. The way they are billable, and reimbursed depends on federal requirements such as provider type and credentials and settings. As OHA is developing the rules they will take a look into what kind of overall services do make sense and if there is a need to develop new rates for certain services then OHA will take into consideration and can draft provider billing guidance.

**Questions or comments from chat:**

Allyson McNeill: Commented that what a school psychologist actually does within a district will also depend on what specific role they are contracted to fulfill within the district or expectations from the district . Even though the depth and breadth of what a school psych can do (amazing things!), the actual work may look different from district to district based upon the needs of the district, needs of students, etc.

- Wendy Niskanen commented that this is such a good point.

Joe Leykam in reply to Wendy Niskanen: Thank you Wendy, I'll drop it in the chat as we are pressed for time. I am fully for the expansive scope that is displayed for all of our medical professionals. I'm mostly worried that all of us are woefully understaffed and its not ONLY money (though that is an issue too) it is also lack of actual humans to do the work. I am worried about scope creep as much as other things.

Wendy Niskanen in reply to Joe Leykam: By scope creep, do you mean the expansion of tasks and responsibilities without adjusting the job descriptions/compensation? I would be interested in talking more about this.

Stacy Michaelson: Replied to Lasa that that's helpful! Especially on the Mac vs direct service

Comments on thanking the presenters.

#### **TSPC School Counselor and Licensed School Social Worker Workgroup**

Teresa Dowdy-School Counselor, InterMountain ESD

Wendy Niskanen clarified that there are protections on autonomy when going to the Doctors office where confidentiality is concerned and certain ages for reproductive, physical and mental health and they do not apply in schools when under FERPA. For confidentiality, if something is put in the records and there is a records request by a parent and for example if a student has concerns that they might be pregnant, the parent can get the records in the school setting but not in a medical office. Intersection for Medicaid billing, how much information needs to be included in terms of a clinical note. Highlighting the data needed for billing and the date needed to cover licensure. Question is will this limit billing if careful and limited with qualitative narrative part of notes.

Link to [Student Health Records and Student Privacy Webpage](#)

Discussion about FERPA, confidentiality, documentation, and parent rights.

Jennifer Dundon clarified that documentation for the addition of TSPC licensed practitioners is an area that will need to be further researched and developed.

Lasa Baxter commented that this is part of the research that is being completed at this stage. Discussed what is claimable now

under MAC and with the recommendations and findings reported during the share out will complete research to see what is claimable under MAC vs direct service. Gave a brief overview of MAC and discussing reduction in administrative burden.

Joe Leykam commented that there wouldn't be much to add about social workers and similar. Brought up the barriers within the school based mental health billing and how it all has to be on an IPOC. Developing an IPOC on the spot is a challenge and the time it takes to create paperwork. Schools need to be able to put both in MAC and direct services. MAC is focused and does a good job and encourages to look at a focused approach.

Lasa Baxter provided a brief update current rules and future additions such as screenings and personal care services and reiterated it is a planned approach.

Jennifer Smith commented that the team is exploring all the options and is expanding and there are some things currently allowed outside the IPOC.

Lisa Ledson asked why the IPOC is required and what the benefits and disadvantages are. Asked if they are federally, state, or are both required. Commented that there seems to be barriers in place.

Lasa Baxter clarified the reason for IPOCs and provided information.

Jennifer Dundon clarified that there is a federal requirement to show medical necessity and medical appropriate under EPSDT that applies to SBHS.

Rusha Grinstead stated that there are multiple layers and one is federal requirements for medical necessity and medical appropriateness and how to fulfill the requirement for reimbursement of services. The SBHS team is looking at reducing barriers for reducing the documentation requirement if the requirement already fulfills the medical necessity and medical appropriateness.

Comments and thanks for the presenters today.

**Comments and questions from the chat:**

Teresa Dowdy asked if there always needs to be an IPOC.

	<p>Wendy Niskanen asked IPOC templates be used (which can be implemented immediately and developed through assessment which is already covered)?</p> <p>Jennifer Dundon provided a link to a document outlining reasons behind IPOCs found here: <a href="#">School Medicaid: Documenting Medical Necessity Through Plans of Care</a></p> <p>Rusha Grinstead provided a link to OHAs IPOC Guidance found here: <a href="#">SBHS Individual Plan of Care</a></p> <p>Sarah Foster commented that Northwest Regional ESD is seeing increased MAC eligible activities captured by district staff for school social work and school counseling. These focus primarily around behavioral assessments and monitoring of behavioral support plans when there is an OHP-enrolled provider requesting progress updates. This has only really moved forward in 24-25. Can we use information from presentations to better craft a list of MAC eligible activities for 25-26 to continue making forward progress. This is an area of focus that doesn't require a rule revision but would increase reimbursements to schools while we work on the rule revisions for IPOC and expanded services.</p>
<p><b>Break-10 Minutes</b></p>	
<p><b>SMAC 2025-2026</b> - Allyson McNeill and Rusha Grinstead</p> <ul style="list-style-type: none"> <li>• Key highlights and share out</li> <li>• Moving forward</li> </ul>	<p><b>Rusha Grinstead presented highlights from SMAC.</b></p> <p>Landon Braden shared out about the Regional Learning Cohort. Positive experience and participants who attended are looking to expand on billing or begin billing.</p> <p>Lasa Baxter commented that previously OHA and ODE asked SMAC if anyone was willing to share out their MOUs. Landon Braden has shared his MOU with others.</p> <p>Leanne Mixa Bettin and Sarah Foster shared out about the ESD School Medicaid Collaborative. 12 of 19 ESDs have participated within the last 12 months.</p> <p>Joe Leykam asked a clarifying question about the SBEAR and if it had been stopped.</p> <p>Rusha Grinstead clarified there needs to be more work completed on the recommendation document with the data and information. There was communication that if there was a need for a specific meeting for members of SMAC who wanted to have a more detailed conversation. There hasn't been any movement</p>

	<p>since the last recommendation and OHA provided feedback. OHA is happy to keep exploring the need and conversations.</p> <ul style="list-style-type: none"> <li>• Sarah Foster wants to be a part of the conversation and provided feedback on hoping over time to gather data in how many staff and what school districts hire QMHPs and QMPAs. Having that data will know what billing barriers and how much might be impacted by COAs. Looking on where to gather information and data.</li> <li>• Stacy Michaelson commented that the data piece is hard at a statewide level with staffing as there is no statewide database. Volunteered to have a conversation with COSA to see how they might be supportive with this information.</li> </ul> <p>Stacy Michaelson asked about federal and state changes and budgets. Commented that it would be good to be on the same page and to communicate the message out.</p> <p>Rusha Grinstead stated there is no change and highlighted OHA's federal changes page in chat. Jennifer Dundon shared ODE's federal changes page in chat.</p> <p><b>Allyson McNeill shared moving forward for SMAC 25/26</b></p> <p>No questions or comments.</p> <p><b>Comments and question from the chat:</b></p> <p>Stacy Michaelson commented that she will circle back with OSBA about MOUs and templates.</p> <p>Rusha Grinstead provided a link to SB 1557 Implementation found here, <a href="#">SB 1557 Implementation Page</a></p> <p>Jennifer Dundon shared the link to ODE's federal updates page found here, <a href="#">ODE's Updates on Federal Actions</a></p> <p>Rusha Grinstead provided a link to OHAs Federal Changes page, found here, <a href="#">OHA's Monitoring Federal Changes and any Impacts on Oregon</a></p>
<p><b>Open Discussion</b></p>	<p><b>Open Discussion</b></p> <p>Stacy Michaelson commented that she understands there are currently no cuts to Medicaid and wonders how to communicate out and wants to be prepared for those conversations. Wants SMAC to have those conversations on how to support EAs.</p>



Joe Leykam mirrored Stacy Michaelson's comment. Highlighted that the school board voting is happening and to be aware of what is occurring and to be prepared to support school leaders and staff who do the work.

Leanne Mixa Bettin shared that she is meeting with EAs and expressed that she is hearing their concerns and communicating to them to continue what they are doing since there are no changes. Asked if there was a one pager on how to consistently respond.

Rusha Grinstead communicated that OHA will keep the federal webpage up to date and will pivot if other needs arise for communicating to the field.

Members provided feedback about what they are hearing concerns about EAs not wanting to bill due to federal cuts, should they continue billing if changes are going to occur and how can EAs be prepared. How can OHA and ODe communicate out to the field about the uncertainties.

Sarah Foster suggested it would be good to communicate to the field and focus on the long-term benefits and how long the SBHS program has been in schools for Medicaid reimbursement.

Landon Braden highlighted it is important to communicate in times of uncertainty and as members of the SMAC to maintain their positivity and SBHS is a great program and is still worth pursuing even if rates go down.

Rusha Grinstead appreciates the feedback and ideas from the group.

Comments or questions from chat:

Landon Braden shared his acronym for Medicaid:

**M**aximize  
**E**ducational  
**D**evelopment  
**I**ntegrating  
**C**are  
**A**nd  
**I**nnovation  
**D**aily

Members shared their appreciation for this group.

Sarah Foster commented that five school districts just signed MOUs with Washington County Mental Health. The county is asking how they can bill for their services provided in schools so that districts can benefit.

Stacy Michaelson addressed that if people put all the effort in to bill and then have the rug pulled out from under them, we risk reinforcing that sentiment that Medicaid is a lot of work for very

	little benefit. We need to be clear-eyed across the board about how we are prepared to pivot if/when the landscape change
<b>Closing - Shelby Parks</b> <ul style="list-style-type: none"><li>Closing activity-Allyson McNeill</li></ul>	<p>Action Items:</p> <p>Shelby Parks reminded members that they need to respond with their answer for next year's SMAC membership by May 15, 2025 to her email, <a href="mailto:parks.shelby@ode.oregon.gov">parks.shelby@ode.oregon.gov</a>.</p> <p>Shelby Parks to send out meeting notes, slide deck, and draft charter.</p> <p>Members put their answers to the closing ticket activity in the chat.</p>