

School Based Health Services (SBHS) Medicaid Readiness Assessment Tool

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Overview

Medicaid is a state and federal partnership focused on funding health and medical services for enrolled beneficiaries. Oregon's School Based Health Services (SBHS) Medicaid program, also referred to as School Medicaid, allows an education agency (EA) to enroll as a School Medical Provider and leverage Medicaid for reimbursement for covered health services provided to Medicaid-enrolled children and young adults. Therefore, SBHS Medicaid can be a great way of recouping costs. There are two types of SBHS Medicaid billing in Oregon, administrative and direct:

- Medicaid Administrative Claiming (MAC) provides reimbursement for claimable activities related to the administration of Medicaid, such as referrals to medical or dental services, assisting a student/family with enrollment in the Oregon Health Plan, and coordination of Medicaid services to OHP-enrolled providers.
- Direct service billing provides EAs with partial reimbursement for covered health services provided to Medicaid-enrolled children and young adults aged birth through 21.

Implementing a SBHS Medicaid billing program can be a complex process that requires careful analysis and planning. This tool, in conjunction with the cost-benefit analysis document, can help education administrators assess the readiness for implementing a sustainable SBHS Medicaid billing program and make informed decisions that benefit students, staff, and the EA.

Potential Benefits:

- EAs can obtain partial reimbursement for actual costs incurred for services already provided.
- SBHS Medicaid reimbursement may be used to fund additional FTE and health services and supplies.
- MAC and direct service billing are meant to be complementary. Participation in both programs provides a comprehensive approach to maximize reimbursement.
- With additional funding, schools can better provide comprehensive health and behavioral health services, which improve outcomes for students. School health services are a critical component of the health care safety net for students.

The purpose of this tool is to guide Education Agencies (EAs) in evaluating their preparedness to implement a sustainable SBHS Medicaid program. This document outlines critical steps, such as assessing operational requirements, documentation processes, and partnerships, to help EAs strategically align resources, mitigate risks, and ensure compliance with Medicaid regulations. By using this tool, EAs can identify gaps, define goals, and build the capacity necessary to successfully leverage Medicaid for reimbursing health services provided to eligible students, enhancing both educational and health outcomes.

Step 1: Meet with State SBHS Medicaid Staff

- They can provide a program startup checklist and help EAs navigate the steps outlined in this document.
- They can provide lessons learned and offer guidance on how to implement a SBHS Medicaid billing program.
- They can provide ongoing training and technical assistance.
- They can discuss the legal and regulatory requirements related to SBHS Medicaid billing.

State School Medicaid Team

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Step 2: Define Billing Relationship Between Education Service District (ESD) and School District (If Applicable)

If your school district and ESD have agreed to partner, OHA [guidance](#) states that the EAs must have an executed agreement that clearly outlines EA roles and responsibilities and ensures all pertinent requirements are met. You will want to work together as you follow the steps listed in this document. It may be beneficial to identify a lead point of contact from each EA to ensure implementation stays on track and Medicaid requirements are met.

Step 3: Create a Project Team

- Determine who will be on the project team to ensure viability of the initiative. Decide on the roles and responsibilities of each team member. A project team should include leadership representation of key school units including administration, special education, general education personnel responsible for implementation of Section 504, business office, and health service providers. Once the project is moving forward, the project team will:
 - Define the goals of the project, based on the needs and requirements of key education agency offices.
 - Establish the scope of the project and the expected deliverables.
 - Define the day-to-day management of the project such as progress monitoring and how issues and/or barriers will be resolved.
 - Communicate effectively with all key units involved in the project. This includes keeping unit partners informed of progress, addressing any concerns or issues that arise, and ensuring that everyone is on the same page.

***See Step 6 and Step 7 for more information about how to inform these tasks.**

Step 4: Conduct a Market Analysis

- Research other EAs in Oregon that are currently billing SBHS Medicaid for MAC and/or direct services:
 - How successful have they been?
 - What challenges have they faced?
 - What can be learned from their experiences?

Step 5: Assess the Risks and Mitigation Strategies

- What are the potential risks associated with implementing a SBHS Medicaid program?
- What are the mitigation strategies that can be put in place to minimize these risks?
- How will risks be monitored and managed over time?
- If billing in partnership with an ESD or school district, do you have a contract that addresses risks?

Step 6: Identify the Key Partners

- Who are the key partners and SBHS-recognized providers that will be affected by the implementation of SBHS Medicaid billing? Ensure that they are engaged early in the process.
- Is the relationship with the local ESD clearly defined as it pertains to SBHS Medicaid (if applicable)?
- What are their needs and expectations?
- How will you ensure their buy-in?
- How will they be involved in the process?
- Examples include:
 - Student Services Staff
 - Business Office Staff (finance, payroll, business manager)
 - School District Leadership
 - SBHS-recognized providers (nurses, occupational therapists, physical therapists, speech-language pathologists/audiologists, licensed clinical social workers, etc.)
 - Central Office Administrators
 - Human Resources Staff
 - Information Technology Staff
 - Education Service District Staff/Contracted Service Providers
 - Community Partners
 - Students and Families

Step 7: Define Goals and Objectives

Now that you have engaged with key internal and external partners:

- What are the goals and objectives of implementing SBHS Medicaid billing in your EA?
- Are there specific health services that your EA would like to bill for initially and in the future?
- Are there specific financial goals or targets that your EA is aiming to achieve through this process?
- How are you going to communicate this information?

Step 8: Establish Communication and Training Protocols

To successfully implement and sustain a School-Based Health Services (SBHS) Medicaid billing program, EA should establish effective communication and training protocols. These protocols ensure alignment across teams, maintain compliance with Medicaid regulations, and facilitate the development of a sustainable billing framework. Key components to consider:

- **Do you have a communication plan that:**
 - Identifies leads and points of contact for delivering updates and managing inquiries?
 - Articulates the benefits of SBHS billing for the EA and children and families and shares highlights and success stories?
 - Ensures consistent messaging, provides updates to all involved parties, addresses concerns, and provides clear, actionable guidance?
 - Has a regular cadence for updates, training opportunities, program outcomes, and continuous feedback?
- **Do you have a training framework that:**
 - Identifies leads and points of contact for training and program-related inquiries?

- Connects staff with established state-level training and informational opportunities (ODE and OHA listservs and websites, OHA monthly Medicaid discussion, OHA office hours)?
- Provides onboarding support for new staff?
- Ensures training at least annually for staff involved in Medicaid billing?
- Provides an opportunity for continuous feedback to ensure staff training needs are met?

Step 9: Assess Internal Alignment and Operational Requirements

For SBHS Medicaid billing to be sustainable, there needs to be cross-office, and potentially cross-agency, collaboration and cooperation. Key questions to consider:

- What are the operational requirements for implementing and maintaining a SBHS Medicaid program?
- Are there any potential operational challenges that need to be addressed?
- Do you have the necessary staff, technology, and resources to implement and maintain the billing process?
- Will you use a 3rd party billing submitter or use the [free provider web portal](#)?
- Key offices that need to be in alignment:
 - Special Education
 - Student Services
 - Business Office (finance, payroll, business manager)
 - School District Leadership
 - SBHS-recognized providers (nurses, occupational therapists, physical therapists, speech-language pathologists/audiologists, licensed clinical social workers, etc.)
 - Central Office Administrators
 - Human Resources
 - Information Technology

Step 10: Assess Special Education Processes and Documentation

Individual Education Programs (IEPs) and Individualized Family Service Plans (IFSPs) need to clearly state the health services that the child needs to access their education. Additionally, SBHS Medicaid requires that all SBHS-recognized providers provide and document services within the scope of practice of their licensure. For SBHS Medicaid billing to be sustainable, all education, licensing board, and Medicaid rules and regulations must be met.

- Do IEPs and IFSPs clearly reflect health services?
- Are the IEPs and/or IFSPs current?
- Have you engaged SBHS-recognized providers and other staff involved in billing to ensure buy-in and that policies and procedures align with Board licensure requirements and incorporate existing processes to the extent possible.
- Is documentation of service provision tracked digitally or is it hand-written?
 - What steps can be taken to prevent the need for double entry?
 - Does your documentation system integrate with your IEP/IFSP/billing submission platform?
- Where is all IEP and/or IFSP documentation (including documentation related to the provision of health service) stored?
- Which IEP or IFSP software platform is utilized? Can it be integrated with a billing submission platform (if applicable)?

Step 11: Assess Health Services Documentation and Processes for Plans Outside of the IDEA

OHA has introduced the Individual Plan of Care (IPOC) for SBHS Medicaid services to ensure services are medically necessary and medically appropriate in alignment with the student's educational needs and Medicaid guidelines. The IPOC covers a variety of plans. Please refer to OHA's [IPOC guidance document](#) for additional information. To prepare for the changes described above, an EA may want to take the following steps:

Familiarize Staff with the New Requirements

- Engage SBHS-recognized providers and other staff involved in billing to ensure buy-in and that policies and procedures align with Board licensure requirements and incorporate existing processes to the extent possible.
- Educate and align staff involved in SBHS Medicaid billing, particularly those responsible for documenting and managing IEPs, IFSPs, and other IPOCs. ODE and OHA staff are available to provide staff training. See contact information in Step 1.
- If your EA has already been billing, collaborate with staff who have been involved in billing to support the expansion. Their expertise and processes will support effective and sustainable implementation.

Develop and Implement IPOC Documentation Processes

- Create standardized templates, forms, and/or a checklist for the IPOC that include all required elements*info about inclusion of SBHS-recognized providers in planning/templates, etc.
- Ensure that these templates are integrated into existing documentation and software workflows to avoid duplication and maintain consistency with existing IEP/IFSP documentation (if applicable).

Update Billing Systems and Software

- Ensure that your SBHS Medicaid billing system or software can accommodate the additional information required by the IPOC.
- Test the updated billing process to identify and resolve any issues before full implementation.

Review and Revise Policies and Procedures

- Update internal policies and procedures to reflect the changes in SBHS Medicaid billing requirements.
- Ensure that all relevant staff are aware of and adhere to these updated policies.

Communication

- Inform families, staff, and other partners about the changes in SBHS Medicaid billing and the introduction of the IPOC.

Step 12: Assess Documentation and Processes for Screenings and Unplanned Services

SBHS Medicaid rules allow billing for eligible unplanned services and screenings provided by SBHS-recognized providers. Unplanned services and screenings are health-related supports provided to students that occur outside of the regularly scheduled or pre-documented services in a student's IEP, IFSP, or Section 504 plan. These services arise in response to an immediate need, a health concern identified during the school day, or a routine screening designed to identify potential barriers to learning.

Unplanned services may include urgent nursing care, mental health crisis response, therapy interventions triggered by an injury or sudden need, or screenings such as vision and hearing tests.

- How is your EA going to provide written notification and obtain parent consent?
- Does your EA provide regular screenings? If so:
 - Are they provided by SBHS-recognized providers?
 - How are the screenings documented?
 - Where are the screenings being documented?
- Does your EA have SBHS-recognized providers that provide unplanned services? If so:
 - How are the services documented?
 - Where are the services being documented?

Conclusion

Before deciding whether to participate in the SBHS Medicaid billing program, EAs should conduct a cost-benefit analysis and readiness assessment to support a sustainable SBHS Medicaid program. By following the steps outlined in this document, EAs can get a gauge on where they are at and where they need to go to be ready to implement the program.

The ODE and the OHA can provide support with implementation, including technical assistance and training, guidance, and respond to questions as often as needed.