

# STATE OF COLORADO

## DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Owens  
Governor

Stephen C. Tool  
Executive Director

November 1, 2006

The Honorable Abel Tapia, Chairman  
Joint Budget Committee  
200 East 14th Avenue, Third Floor  
Denver, CO 80203

Dear Senator Tapia:

Enclosed please find a legislative report to the Joint Budget Committee concerning the School Health Services Program in response to Footnote 34 of the Long Bill, H.B. 06-1385.

Questions regarding the School Health Services Program FY 05-06 Annual Report can be addressed to Cheryl L. Nelson, School Health Services Program Manager. Her telephone number is 303-866-3131.

Sincerely,

Stephen C. Tool  
Executive Director

ST:cln

Enclosure(s)

***"The mission of the Department of Health Care Policy & Financing is to purchase cost-effective health care for qualified, low-income Coloradans."***

<http://www.chcpf.state.co.us>

Cc: Senator Abel Tapia, Vice-Chairman, Joint Budget Committee  
Senator Moe Keller, Joint Budget Committee  
Senator Dave Owen, Joint Budget Committee  
Representative Jack Pommer, Joint Budget Committee  
Representative Dale Hall, Joint Budget Committee  
Senator Joan Fitz-Gerald, President of the Senate  
Senator Ken Gordon, Senate Majority Leader  
Senator Andy McElhany, Senate Minority Leader  
Representative Andrew Romanoff, Speaker of the House  
Representative Alice Madden, House Majority Leader  
Representative Mike May, House Minority Leader  
John Ziegler, JBC Staff Director  
Melodie Beck, JBC Analyst  
Henry Sobanet, Director, Office of State Planning and Budgeting  
Luke Huwar, Budget Analyst, OSPB  
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**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
OPERATIONS AND FINANCE OFFICE**

**REPORT TO THE JOINT BUDGET COMMITTEE**

**SCHOOL HEALTH SERVICES PROGRAM  
FY 05-06 ANNUAL REPORT**

**NOVEMBER 1, 2006**

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## EXECUTIVE SUMMARY

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to footnote 34 of House Bill 06-1385. Footnote 34 asks for an annual report on the School Health Services Program administered by the Department of Health Care Policy and Financing (the Department). This program allows Colorado public school districts, Boards of Cooperative Education and the Colorado School for the Deaf and the Blind (hereinafter collectively referred to as School Health Services Program Providers or providers) to access federal Medicaid funds for health services delivered to eligible clients. The footnote requests information in the following areas:

- **Types of Health Services Delivered and Number of Children Served**

Within the capacity of the specific School Health Services Program Provider, providers can receive reimbursement from Medicaid for direct services that are covered under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) federal mandate including rehabilitative therapies, Targeted Case Management and Specialized Non-Emergency Transportation services. During FY 05-06, 43,205 eligible clients received services from School Health Services Program Providers that were reimbursed through Medicaid.

- **How Services Meet the Definition of Medical Necessity**

In order for a School Health Services Program Provider to receive reimbursement through Medicaid, the service must meet the definition of medical necessity and a determination of medical necessity is made through the referral and authorization process. Where required by the Medicaid regulations, a qualified practitioner of the healing arts must refer a client for services. The client's Individualized Plans, when developed according to the Colorado Department of Education procedures, serve as authorizing documents. Further, the Department provides technical assistance and oversight monitoring to ensure that School Health Services Program Providers comply with the requirement.

- **Federal Dollars Distribution to School Districts**

In FY 05-06, 114 School Health Services Program Providers received Medicaid reimbursement totaling \$9,819,633.60. Since its inception in 1997, through FY 05-06, the School Health Services Program has allowed the State to reimburse providers more than \$64.1 million in Medicaid funds. As the original expenditures on the medical service were incurred by a public entity using local tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is entirely federal funds. The federal funds are made available to deliver new and expanded primary and preventative health services to Colorado's public school children identified as specified under the providers' Local Service Plan. The Local Service Plan written by the district, with community input, describes the types and costs of services to be provided with the funds.

## **INTRODUCTION**

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to footnote 34 of House Bill 06-1385, which states:

*Department of Health Care Policy and Financing, Other Medical Services, S.B. 97-101 Public School Health Services--The Department is requested to submit a report by November 1 of each year to the Joint Budget Committee on the services that receive reimbursement from the federal government under S.B. 97 - 101 public school health services program. The report should include information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars that was distributed to each school under the program. The report should also include information on how many children were served by the program.*

## **PROGRAM OVERVIEW**

The School Health Services Program, Section 25.5-5-318, C.R.S. (2006), allows public schools, Boards of Cooperative Education Services (BOCES), and state K-12 educational institutions (hereinafter collectively referred to as School Health Services Program Providers or providers) to receive Medicaid funds for amounts spent providing health services through public schools to students who are Medicaid eligible. As the original expenditure on the medical service was incurred by a public entity using local tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is entirely federal funds. School Health Services Program Providers are required to use the federal funds received pursuant to this program only to offset costs incurred for the provision of student health services by the districts or to fund student health services.

Each public school district that chooses to participate in the School Health Services Program is required to conduct a health needs assessment of its uninsured and underinsured students to determine the types of health services needed in the district. Together with community members, the district develops a Local Services Plan that identifies the types of services needed by students within the school district and the services it anticipates providing. The Local Services Plan is submitted to the Department of Education for technical assistance evaluation and the Department for approval. Once the Local Services Plan is approved, the School Health Services Program Provider is awarded a contract to participate in the program.

The School Health Services Program continues to deliver additional health services to Colorado public school children each year without additional General Fund expenditures. Using the disbursed federal funds through the Local Services Plan health service delivery process, districts have been able to address some of the health care needs unique to their communities. Additionally, the School Health Services Program has helped improve learning environments by providing students increased access to health care services and improving the quality of school health services. During FY 05-06, 114 School Health Services Program Providers received

Medicaid reimbursement totaling \$9,819,633.60. Since its inception in 1997, through FY 05-06, the School Health Services Program has allowed the State to reimburse providers more than \$64.1 million<sup>1</sup> in federal funds. Program funds have been expended to deliver services in the areas of greatest need to:

- Increase school nursing services;
- Improve and enhance the quality of school health services;
- Increase access to health care services for the uninsured and underinsured; and
- Provide health services where none were previously available.

After experiencing steady growth in the first five years of the program, district participation levels have begun to stabilize. One school district and a BOCES began a new contract in FY 05-06. BOCES are created when two or more school districts decide they have similar needs that can be met by a shared program. BOCES may help school districts save money by providing opportunities to pool resources and share costs. As a result, school districts may receive Medicaid funds without having a direct contract with the program as the BOCES is the contracting entity and listed as the School Health Services Program Provider in this report. Further, school districts may bill directly for some services, such as transportation, while the BOCES provide and bill for the other services, such as direct services, on behalf of the school districts. In these cases, the number of school districts directly billing the School Health Services Program will vary each year and the program has no information as to how the Medicaid reimbursement is distributed from the BOCES to the school district.

## **FOOTNOTE 34 INFORMATION**

### **Types of Health Services Delivered and Number of Children Served**

Under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and Title 22, C.R.S., public school districts are required to provide certain medical services for public school children. Additionally, school districts provide some level of health screening, nursing services and other medical support services for students. When delivered to a Medicaid eligible student, some of these services qualify for Medicaid reimbursement.

School Health Services Program Providers can receive reimbursement from Medicaid for direct services that are covered under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) federal mandate including rehabilitative therapies, Targeted Case Management and Specialized Non-Emergency Transportation services. Under EPSDT<sup>2</sup>, Medicaid must provide for screening, vision, hearing and dental services at intervals which meet reasonable standards of

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<sup>1</sup> Data Source: Colorado Financial Reporting System (COFRS), historical Schedule 3 reports. This figure represents School Health Services Program total expenditures, excluding administration, from its inception as reported on Schedule 3 reports. Department of Health Care Policy and Financing, September 26, 2006.

<sup>2</sup> The Omnibus Budget and Reconciliation Act of 1989 (OBRA'89) amended Sections 1902(a)(43) and 1905(a)(4)(B) and created Section 1905(r) of the Social Security Act setting forth the basic requirements of EPSDT.

medical and dental practice established after consultation with recognized medical and dental organizations involved in child health care. Additionally, under EPSDT any service which Medicaid is permitted to cover under federal law that is necessary to treat or ameliorate a defect, physical and mental illness, or a condition identified by a screen, must be provided to qualified clients regardless of whether the service or item is otherwise included under the Medicaid State Plan. Rehabilitative therapies are those services which reduce physical or mental disability and which may improve physical or mental health level, and must be recommended by a physician or other licensed practitioner of the healing arts.

Targeted Case Management and Specialized Non-Emergency Transportation are reimbursable under Medicaid when the service is required under the client's Individualized Plan<sup>3</sup>, which must be developed according to the procedures prescribed by the Colorado Department of Education. Targeted Case Management are services to assist with accessing needed medical, social, educational, and other services for clients who have a diagnosable physical or mental condition of having a high probability of impairing cognitive, emotional, neurological, social, or physical development. Services may include individualized strengths and needs assessments; needs-based service planning that provides an individualized written, comprehensive service plan based on needs identified in the assessments; service coordination, monitoring and advocacy; and crisis assistance planning. Specialized Non-Emergency Transportation is provided to and from a client's place of residence and the school, or the site of a Medicaid reimbursable service if the service is not provided at the school.

School districts received Medicaid reimbursement funds for providing medical services to 43,205 Medicaid eligible children during FY 05-06. From the prior fiscal year, the number of children receiving Medicaid services increased by 89.5% in FY 05-06. This increase was primarily due to a regulation change that resulted from a decision by the Departmental Appeals Board (DAB) of the U.S. Department of Health and Human Services. The DAB decision concluded that School Health Services Program Providers may be reimbursed by Medicaid for services that are provided free of charge to other children. Prior to this decision, providers were unable to bill Medicaid for any service they provided at no charge to other non-Medicaid eligible clients. Following the DAB decision, the Department presented an emergency regulation change to the Medical Services Board, which was approved and became effective on April 8, 2005. Under the regulation, School Health Services Program Providers are still required to coordinate the provision of health services with the client's primary health care provider. Table 1 below summarizes the types of services for which districts have received Medicaid reimbursement in FY 05-06 and the number of unique clients which received each service.

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<sup>3</sup> Individualized Plan means an Individualized Education Plan or Individualized Family Services Plan developed pursuant to the federal Individuals with Disabilities Education Act, an Accommodation Plan developed pursuant to Section 504 of the federal Rehabilitation Act of 1973, as amended, 29 U.S.C., Section 794 or an Individualized Health Services Plan developed in accordance with "The Procedure Guidelines for Health Care of Students with Special Needs in the School Setting" published by the Colorado Department of Education.



**Table 1**  
**FY 05-06 Number of Unique Clients Served Unique**  
**by Medicaid Reimbursed Service**

<b>Medicaid Reimbursed Service</b>	<b>Number of Unique Clients Served</b>
<b>Direct Services</b>	
Audiology	2,806
Behavioral Health Counseling and Therapy	2,715
Behavioral Health Evaluation	2,301
Speech Therapy	6,894
Speech/Hearing Evaluation	3,789
Nursing Aide Services	4,034
Nursing Evaluation	7,800
Nursing Services	18,657
Occupational Therapy	3,386
Occupational Therapy Evaluation	1,376
Physical Therapy	1,419
Physical Therapy Evaluation	481
Motor Therapy - Orientation and Mobility	59
<b>Total Direct Services</b>	<b>36,739</b>
<b>Targeted Case Management</b>	
	<b>21,584</b>
<b>Specialized Non-Emergency Transportation</b>	
	<b>2,131</b>
<b>Total Clients</b>	<b>43,205</b>
<p>Note: Unduplicated client counts presented in this table are based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only. Totals are not the sum of categories. Data Source: Medicaid paid claims from MMIS-DSS. Data Section, Department of Health Care Policy and Financing. September 26, 2006.</p>	

## **How Services Meet the Definition of Medical Necessity**

Districts apply the Medicaid definition of medical necessity when identifying services for which they intend to claim reimbursement. The School Health Services Program defines a medically necessary service at 10 CCR 2505-10, Section 8.290.1, as a service that will, or is reasonably expected to

*...prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury or disability; and for which there is no other equally effective or substantially less costly course of treatment suitable for the child's needs.*

Medical necessity is determined through the referral and authorization process. Where required by the Medicaid regulations, a qualified practitioner of the healing arts must refer a client for services. The client's Individualized Plans, when developed according to the Colorado Department of Education procedures, serve as authorizing documents. Technical assistance is provided for district providers to identify those services delivered at schools that meet the definition of medical necessity. In addition, medical file reviews and quality assurance monitoring by the Department ensure that district providers comply with Medicaid requirements.

## **Federal Dollars Distribution to School Districts**

As noted previously in this report, BOCES help school districts save money by providing opportunities to pool resources and share costs. As a result, school districts may receive Medicaid funds without having a direct contract with the program as the BOCES is the contracting entity and listed as the School Health Services Program Provider. Further, school districts may bill directly for some services, such as transportation, while the BOCES provide and bill for the other services, such as direct services. In these cases, the number of school districts directly billing the School Health Services Program will vary each year and the program has no information as to the distribution of the Medicaid reimbursement from the BOCES to the school districts.

In FY 05-06, claims submitted for Medicaid services by 111 School Health Services Program Providers resulted in Medicaid reimbursement of \$9,377,066.66, which were exclusively federal funds. As the original expenditure on the medical service was incurred by a public entity using local tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is entirely federal funds.

In accordance with statute, the School Health Services Program retains ten percent of the federal funds to cover the Department's and the Colorado Department of Education's administration costs. If administration costs are less than the ten percent retained, the remainder is distributed back to the School Health Services Program Providers. In FY 04-05, \$442,566.94 of the federal funds that were originally retained by the program to cover administration costs were not needed

for administration costs. As a result, these funds were distributed back to the appropriate School Health Services Program Providers in FY 05-06. As detailed in Table 2, during FY 05-06, 114 School Health Services Program Providers received Medicaid reimbursement totaling \$9,819,633.60.

**Table 2**  
**FY 05-06 Medicaid Reimbursement to School Health Services Program Providers**

<b>School Health Services Program Providers</b>	<b>FY 05-06 Medicaid Reimbursement</b>	<b>FY 04-05 Medicaid Reimbursement Paid to Providers in FY 05-06<sup>(1)</sup></b>	<b>FY 05-06 Total Medicaid Reimbursement</b>
ADAMS 12 FIVE STAR SCHOOLS	\$307,866.08	\$11,576.72	\$319,442.80
ADAMS ARAPAHOE SD 28J	\$441,383.83	\$23,336.15	\$464,719.98
ADAMS COUNTY SD 14	\$159,698.47	\$11,524.14	\$171,222.61
ADAMS COUNTY SD 1	\$39,575.14	\$1,674.33	\$41,249.47
ADAMS COUNTY SD 27J	\$146,798.57	\$8,479.34	\$155,277.91
ADAMS COUNTY SD 50	\$161,323.84	\$5,322.46	\$166,646.30
ALAMOSA COUNTY SD 11J	\$8,478.79	\$325.80	\$8,804.59
ALAMOSA COUNTY SD 22J	\$792.02	\$26.48	\$818.50
ARAPAHOE COUNTY SD 2	\$32,107.80	\$1,359.75	\$33,467.55
ARAPAHOE COUNTY SD 6	\$53,624.49	\$3,597.09	\$57,221.58
ARCHULETA COUNTY SD 50JT	\$41,414.63	\$1,513.52	\$42,928.15
BACA COUNTY SD 1	\$2,295.11	\$115.50	\$2,410.61
BACA COUNTY SD RE-4	\$1,747.87	\$98.75	\$1,846.62
BENT COUNTY SD 1	\$46,771.27	\$1,596.34	\$48,367.61
BENT COUNTY SD 2	\$1,687.07	\$23.75	\$1,710.82
BOULDER COUNTY SD 2	\$136,831.35	\$11,472.30	\$148,303.65
BOULDER COUNTY SD RE 1J	\$159,271.09	\$6,882.40	\$166,153.49
CENTENNIAL BOCES	\$43,877.89	\$2,073.95	\$45,951.84
CENTER CONSOLIDATED SD 26JT	\$6,636.03	\$50.50	\$6,686.53
CHAFFEE COUNTY SD R 31	\$90,013.88	\$3,480.51	\$93,494.39
CHERRY CREEK SD 5	\$169,911.14	\$6,860.33	\$176,771.47
CLEAR CREEK SD RE	\$4,993.83	\$489.65	\$5,483.48
COLORADO SCHOOL FOR THE DEAF AND BLIND	\$68,535.60	\$3,403.40	\$71,939.00
COLORADO SPRINGS SD 11	\$282,080.48	\$13,091.87	\$295,172.35
CONEJOS COUNTY SD 10	\$548.63	\$9.96	\$558.59
CONEJOS COUNTY SD 1J	\$979.34	\$49.18	\$1,028.52

<b>School Health Services Program Providers</b>	<b>FY 05-06 Medicaid Reimbursement</b>	<b>FY 04-05 Medicaid Reimbursement Paid to Providers in FY 05-06<sup>(1)</sup></b>	<b>FY 05-06 Total Medicaid Reimbursement</b>
COSTILLA COUNTY SD 1	\$1,027.58	\$0.00	\$1,027.58
COSTILLA COUNTY SD 30	\$524.42	\$0.36	\$524.78
CROWLEY COUNTY SD 1J	\$7,764.51	\$129.23	\$7,893.74
CUSTER COUNTY SD C1	\$2,895.30	\$39.74	\$2,935.04
DELTA COUNTY SD 50J	\$61,247.18	\$287.45	\$61,534.63
DENVER PUBLIC SCHOOLS	\$1,979,927.86	\$75,655.76	\$2,055,583.62
DOLORES COUNTY SD RE-2J	\$714.53	\$57.68	\$772.21
DOUGLAS COUNTY SD RE-1	\$195,673.25	\$8,692.30	\$204,365.55
EAGLE COUNTY SD 50	\$31,043.03	\$1,886.79	\$32,929.82
EL PASO CONSOLIDATED SD 49	\$151,750.30	\$2,041.64	\$153,791.94
EL PASO COUNTY ACADEMY 20	\$125,044.46	\$7,433.78	\$132,478.24
EL PASO COUNTY SD 12	\$45,587.14	\$3,399.07	\$48,986.21
EL PASO COUNTY SD 14	\$9,164.10	\$101.64	\$9,265.74
EL PASO COUNTY SD 2	\$50,393.79	\$2,156.18	\$52,549.97
EL PASO COUNTY SD 22	\$1,182.11	\$349.46	\$1,531.57
EL PASO COUNTY SD 23JT	\$3,741.72	\$409.04	\$4,150.76
EL PASO COUNTY SD 28	\$399.73	\$50.10	\$449.83
EL PASO COUNTY SD 3	\$142,990.32	\$6,569.82	\$149,560.14
EL PASO COUNTY SD 38	\$21,617.02	\$2,377.09	\$23,994.11
EL PASO COUNTY SD 54JT	\$2,082.91	\$0.00	\$2,082.91
EL PASO COUNTY SD J1	\$426.29	\$108.77	\$535.06
ELBERT COUNTY SD 100J	\$36.59	\$41.43	\$78.02
ELBERT COUNTY SD 200	\$28.18	\$0.00	\$28.18
ELBERT COUNTY SD C-1	\$5,479.48	\$760.75	\$6,240.23
ELBERT COUNTY SD C-2	\$0.00	\$44.00	\$44.00
FREMONT COUNTY SD 1	\$72,113.28	\$2,783.09	\$74,896.37
GARFIELD COUNTY SD 1	\$4,335.86	\$489.16	\$4,825.02
GARFIELD COUNTY SD 16	\$1,582.59	\$170.13	\$1,752.72
GARFIELD COUNTY SD RE-2	\$54,206.06	\$6,774.97	\$60,981.03
GRAND COUNTY SD 2	\$485.32	\$0.65	\$485.97
GUNNISON COUNTY SD 1J	\$38,039.95	\$2,064.44	\$40,104.39
JEFFERSON COUNTY SCHOOLS	\$1,037,677.36	\$49,863.65	\$1,087,541.01

<b>School Health Services Program Providers</b>	<b>FY 05-06 Medicaid Reimbursement</b>	<b>FY 04-05 Medicaid Reimbursement Paid to Providers in FY 05-06<sup>(1)</sup></b>	<b>FY 05-06 Total Medicaid Reimbursement</b>
LA PLATA COUNTY SD 10JTR	\$9,459.61	\$737.05	\$10,196.66
LA PLATA COUNTY SD 11JT	\$11,998.20	\$612.85	\$12,611.05
LA PLATA COUNTY SD 9R	\$34,039.69	\$1,072.08	\$35,111.77
LAKE COUNTY SD R-1	\$20,778.21	\$1,517.22	\$22,295.43
LARIMER COUNTY SD 1	\$183,956.97	\$6,626.17	\$190,583.14
LARIMER COUNTY SD 3	\$1,206.30	\$150.66	\$1,356.96
LARIMER COUNTY SD R2J	\$99,803.14	\$4,075.85	\$103,878.99
LOGAN COUNTY SD 1	\$83,602.63	\$4,123.14	\$87,725.77
MESA COUNTY SD 49 JT	\$3,799.14	\$47.49	\$3,846.63
MESA COUNTY SD 50	\$6,755.41	\$345.32	\$7,100.73
MESA COUNTY VALLEY SD 51	\$473,582.47	\$15,508.13	\$489,090.60
MOFFAT COUNTY SD	\$26,874.13	\$1,561.44	\$28,435.57
MONTEZUMA COUNTY SD 1	\$262,678.33	\$14,121.58	\$276,799.91
MONTEZUMA COUNTY SD 4A	\$53,889.91	\$1,658.28	\$55,548.19
MONTEZUMA COUNTY SD 6	\$13,799.52	\$869.76	\$14,669.28
MONTROSE COUNTY SD 2	\$6,858.29	\$558.15	\$7,416.44
MONTROSE COUNTY SD RE-1J	\$89,883.72	\$9,632.15	\$99,515.87
MORGAN COUNTY SD 3	\$32,499.62	\$1,232.53	\$33,732.15
MORGAN COUNTY SD 50J	\$2,492.70	\$61.35	\$2,554.05
MORGAN COUNTY SD RE-2J	\$7,093.36	\$48.89	\$7,142.25
NORTHEAST BOCES	\$142,119.03	\$4,604.00	\$146,723.03
OTERO COUNTY SD 1	\$95,620.38	\$4,566.18	\$100,186.56
OTERO COUNTY SD 2	\$32,338.45	\$1,975.30	\$34,313.75
OTERO COUNTY SD 31	\$1,673.25	\$13.79	\$1,687.04
OTERO COUNTY SD 33	\$2,598.33	\$186.54	\$2,784.87
OTERO COUNTY SD 4J	\$2,663.55	\$602.51	\$3,266.06
OURAY COUNTY SD R2	\$12,907.19	\$683.47	\$13,590.66
PARK COUNTY SD 1	\$27,910.52	\$805.71	\$28,716.23
PIKES PEAK BOCES	\$37,636.25	\$2,656.79	\$40,293.04
PITKIN COUNTY SD 1	\$1,870.20	\$1,039.33	\$2,909.53
PROWERS COUNTY SD 1	\$1,226.04	\$10.36	\$1,236.40
PROWERS COUNTY SD 13JT	\$407.58	\$21.85	\$429.43

School Health Services Program Providers	FY 05-06 Medicaid Reimbursement	FY 04-05 Medicaid Reimbursement Paid to Providers in FY 05-06 <sup>(1)</sup>	FY 05-06 Total Medicaid Reimbursement
PROWERS COUNTY SD 2	\$21,170.83	\$935.23	\$22,106.06
PROWERS COUNTY SD 3	\$10,871.73	\$131.31	\$11,003.04
PUEBLO SD 60	\$318,022.71	\$29,215.85	\$347,238.56
PUEBLO SD 70	\$180,841.44	\$9,474.50	\$190,315.94
RIO BLANCO COUNTY SD 1	\$8,816.68	\$403.54	\$9,220.22
RIO BLANCO COUNTY SD 4	\$15,201.45	\$818.16	\$16,019.61
RIO GRANDE COUNTY SD 33J	\$1,301.24	\$3.55	\$1,304.79
RIO GRANDE COUNTY SD 8	\$3,433.58	\$102.81	\$3,536.39
RIO GRANDE COUNTY SD C7	\$5,939.33	\$119.47	\$6,058.80
ROUTT COUNTY SD 1	\$5,474.15	\$398.19	\$5,872.34
ROUTT COUNTY SD 2	\$45,179.94	\$2,393.41	\$47,573.35
ROUTT COUNTY SD 3	\$2,194.33	\$64.65	\$2,258.98
SALIDA SD R 32J	\$52,629.65	\$2,256.35	\$54,886.00
SAN LUIS VALLEY BOCS	\$43,865.64	\$2,452.37	\$46,318.01
SOUTH CENTRAL BOCES	\$0.00	\$8.96	\$8.96
TELLER COUNTY SD RE-1	\$12,142.36	\$291.85	\$12,434.21
WELD COUNTY SD 3	\$16,691.25	\$111.80	\$16,803.05
WELD COUNTY SD 5J	\$0.00	\$1.54	\$1.54
WELD COUNTY SD 6	\$274,472.68	\$13,496.18	\$287,968.86
WELD COUNTY SD 7	\$2,981.86	\$144.66	\$3,126.52
WELD COUNTY SD RE-1	\$5,244.53	\$560.03	\$5,804.56
WELD COUNTY SD RE-4	\$56,726.58	\$2,577.21	\$59,303.79
WELD COUNTY SD RE-8	\$17,165.22	\$208.85	\$17,374.07
WOODLAND PARK SD RE2	\$34,250.90	\$1,498.21	\$35,749.11
<b>TOTAL</b>	<b>\$9,377,066.66</b>	<b>\$442,566.94</b>	<b>\$9,819,633.60</b>

(1) FY 04-05 reimbursement originally withheld for administration costs and paid to providers in FY 05-06. In accordance with statute, the School Health Services Program retains ten percent of the federal funds to cover the Department's and the Colorado Department of Education's administration costs. If administration costs are less than the ten percent retained, the remainder is distributed back to the School Health Services Program Providers. In FY 04-05, \$442,566.94 of the federal funds that were originally retained by the program to cover administration costs were not needed for administration costs. As a result, these funds were distributed back to the appropriate School Health Services Program Providers in FY 05-06. Data Source: Colorado Financial Reporting System (COFRS).