



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

November 1, 2007

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

Dear Senator Tapia:

Enclosed please find a report to the Joint Budget Committee concerning the School Health Services Program, in response to Footnote 36 of the Long Bill, S.B. 07-239.

Questions regarding the School Health Services Program FY 06-07 Annual Report can be addressed to Cheryl L. Nelson, School Health Services Program Manager. Her telephone number is 303-866-3131.

Sincerely,

Joan Henneberry
Executive Director

JH:cln

Enclosure(s)

Cc: Representative Bernie Buescher, Vice-Chairman, Joint Budget Committee
Senator Moe Keller, Joint Budget Committee
Senator Steve Johnson, Joint Budget Committee
Representative Jack Pommer, Joint Budget Committee
Representative Al White, 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
Todd Saliman, 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 06-07 ANNUAL REPORT**

NOVEMBER 1, 2007

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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 36 of Senate Bill 07-239. Footnote 36 requests 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, the Charter School Institute 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 06-07, 47,919 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 06-07, 114 School Health Services Program Providers received Medicaid reimbursement totaling \$9,995,873. Since its inception in 1997, through FY 06-07, the School Health Services Program has allowed the State to reimburse providers more than \$74.0 million in Medicaid funds. As the original expenditures of 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 and specified under the providers' Local Service Plan. The Local Service Plan written by the district, with community input, describes the type and cost 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 36 of Senate Bill 07-239, 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.

Governor Ritter vetoed footnote 36 stating:

I am vetoing this footnote for two reasons. First, this footnote violates the separation of powers in Article III of the Colorado Constitution by attempting to administer the appropriation. Second, this footnote violates Article V, Section 32 of the Colorado Constitution because it constitutes substantive legislation that cannot be included in the general appropriations bill. Notwithstanding this veto, I will direct the department to comply with this footnote to the extent feasible.

PROGRAM OVERVIEW

The School Health Services Program, Section 25.5-5-318, C.R.S. (2007), 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 of 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 (SHS) 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 06-07, 114 School Health Services Program Providers received Medicaid reimbursement totaling \$9,995,873. Since its inception in 1997, through FY 06-07, the School Health Services Program has allowed the State to reimburse providers more than \$74.0 million¹ 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 the Charter School Institute began a new contract in FY 06-07. Other school districts, choosing not to contract with or bill the Department directly, participate in the program as a member of a BOCES. A BOCES is created when two or more school districts decide they have similar needs that can be met by a shared program. A 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.

The Department is currently amending the coverage and reimbursement sections of the State Plan covering the School Health Services Program, based on recent guidance from the federal Centers for Medicare and Medicaid Services (CMS). Mandated changes, through guidance provided by CMS, to the State Plan will potentially reduce total services reimbursed through the

¹ 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, 2007.

program. In accordance with CMS' guidance, all SHS Program reimbursed services must be prescribed in a client's Individualized Plan. Currently, SHS Program providers are allowed to claim for some Medicaid services provided to Medicaid-eligible clients not having an Individualized Plan. The Department anticipates an approval of the SHS Program's State Plan Amendment before the end of FY 07-08.

FOOTNOTE 36 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 EPSDT², Medicaid must provide for screening, vision, hearing and dental services at intervals which meet reasonable standards of 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 a physical or mental disability and which may improve physical or mental health levels, 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 Plan³, 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 that has a high probability of impairing cognitive, emotional, neurological, social, or physical

² 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.

³ 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.

development. Services may include individualized strengths and needs assessments; 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 47,919 (unduplicated) Medicaid eligible children during FY 06-07. From the prior fiscal year, the number of unduplicated children receiving Medicaid services increased by 4,714 in FY 06-07. Of the service categories reported in Table 1 below, Nursing and Nursing Aide services were the most utilized by clients. Nursing services were reimbursed for 41,095 (duplicated) clients. The 41,095 client total for nursing services is a 10,604 increase from FY 05-06. Targeted Case Management had the second highest utilization total for clients in FY 06-07. Table 1 below summarizes the types of services for which districts have received Medicaid reimbursement in FY 06-07 and the number of unique clients which received each service.

Table 1
FY 06-07 Number of Unique Clients Served
by Medicaid Reimbursed Service

Medicaid Reimbursed Service	Number of Unique Clients Served
Direct Services	
Audiology	2,798
Behavioral Health Counseling and Therapy	2,656
Behavioral Health Evaluation	2,323
Speech Therapy	6,552
Speech/Hearing Evaluation	3,716
Nursing Aide Services	11,517
Nursing Evaluation	7,638
Nursing Services	21,940
Occupational Therapy	3,467
Occupational Therapy Evaluation	1,368
Physical Therapy	1,433
Physical Therapy Evaluation	488
Motor Therapy - Orientation and Mobility	67
Total Unduplicated Clients - Direct Services*	41,707
Targeted Case Management*	21,841

Medicaid Reimbursed Service	Number of Unique Clients Served
Specialized Non-Emergency Transportation*	2,178
Total Unduplicated Clients - All Services*	47,919
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. Business Analysis Section, Department of Health Care Policy and Financing. September 24, 2007.	

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 Plan, when developed according to the Colorado Department of Education procedures, serve as an authorizing document. 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 06-07, claims submitted for Medicaid services by 109 School Health Services Program Providers resulted in Medicaid reimbursement of \$9,437,563, which were exclusively federal funds. As the original expenditure of 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 05-06, \$558,309 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 06-07. As detailed in Table 2, during FY 06-07, 114 School Health Services Program Providers received Medicaid reimbursement totaling \$9,995,873.

Table 2
FY 06-07 Medicaid Reimbursement to School Health Services Program Providers

School Health Services Program Providers	FY 06-07 Medicaid Reimbursement	FY 05-06 Medicaid Reimbursement Paid to Providers in FY 06-07⁽¹⁾	FY 06-07 Total Medicaid Reimbursement
ADAMS 12 FIVE STAR SCHOOLS	\$407,748.93	\$18,402.90	\$426,151.83
ADAMS ARAPAHOE SD 28J	\$484,860.23	\$26,403.49	\$511,263.72
ADAMS COUNTY SD 14	\$181,373.68	\$9,553.17	\$190,926.85
ADAMS COUNTY SD 1	\$41,758.35	\$2,367.37	\$44,125.72
ADAMS COUNTY SD 27J	\$296,975.13	\$8,781.45	\$305,756.58
ADAMS COUNTY SD 50	\$135,918.03	\$9,416.23	\$145,334.26
ALAMOSA COUNTY SD 11J	\$10,901.40	\$507.24	\$11,408.64
ALAMOSA COUNTY SD 22J	\$4,268.31	\$47.40	\$4,315.71
ARAPAHOE COUNTY SD 1	\$35,156.85	\$0.00	\$35,156.85
ARAPAHOE COUNTY SD 2	\$21,794.61	\$1,920.73	\$23,715.34
ARAPAHOE COUNTY SD 6	\$45,621.19	\$3,204.64	\$48,825.83
ARCHULETA COUNTY SD 50JT	\$39,286.71	\$2,477.27	\$41,763.98
BACA COUNTY SD 1	\$0.00	\$137.28	\$137.28

School Health Services Program Providers	FY 06-07 Medicaid Reimbursement	FY 05-06 Medicaid Reimbursement Paid to Providers in FY 06-07⁽¹⁾	FY 06-07 Total Medicaid Reimbursement
BACA COUNTY SD RE-4	\$0.00	\$104.56	\$104.56
BENT COUNTY SD 1	\$72,548.12	\$2,797.84	\$75,345.96
BENT COUNTY SD 2	\$2,020.68	\$100.94	\$2,121.62
BOULDER COUNTY SD 2	\$195,065.57	\$8,185.14	\$203,250.71
BOULDER COUNTY SD RE 1J	\$259,517.99	\$9,528.37	\$269,046.36
CENTENNIAL BOCES	\$32,033.40	\$2,624.75	\$34,658.15
CENTER CONSOLIDATED SD 26JT	\$12,312.24	\$396.97	\$12,709.21
CHAFFEE COUNTY SD R 31	\$50,288.54	\$5,384.60	\$55,673.14
CHERRY CREEK SD 5	\$225,878.13	\$10,164.09	\$236,042.22
CHARTER SCHOOL INSTITUTE	\$112.76	\$0.00	\$112.76
CLEAR CREEK SD RE 1	\$1,330.89	\$298.77	\$1,629.66
COLORADO SCHOOL FOR THE DEAF AND BLIND	\$35,961.17	\$3,676.60	\$39,637.77
COLORADO SPRINGS SD 11	\$294,437.07	\$16,621.36	\$311,058.43
CONEJOS COUNTY SD RE-10	\$1,922.56	\$32.85	\$1,955.41
CONEJOS COUNTY SD RE-1J	\$4,585.72	\$58.61	\$4,644.33
CONEJOS COUNTY SD 6J	\$392.72	\$0.00	\$392.72
COSTILLA COUNTY SD R-1	\$2,071.62	\$68.51	\$2,140.13
COSTILLA COUNTY SD R-30	\$2,156.80	\$31.38	\$2,188.18
CROWLEY COUNTY SD 1J	\$5,656.24	\$464.48	\$6,120.72
CUSTER COUNTY SD C1	\$1,282.12	\$173.20	\$1,455.32
DELTA COUNTY SD 50J	\$107,061.16	\$4,893.02	\$111,954.18
DENVER PUBLIC SCHOOLS	\$1,751,983.01	\$118,182.64	\$1,870,165.65
DOLORES COUNTY SD RE-2J	\$4,067.36	\$42.75	\$4,110.11
DOUGLAS COUNTY SD RE-1	\$174,049.91	\$11,705.13	\$185,755.04
EAGLE COUNTY SD 50	\$6,166.01	\$1,857.00	\$8,023.01
EL PASO CONSOLIDATED SD 49	\$162,862.39	\$9,077.67	\$171,940.06
EL PASO COUNTY ACADEMY 20	\$191,052.75	\$7,480.14	\$198,532.89
EL PASO COUNTY SD 12	\$56,173.83	\$2,727.03	\$58,900.86
EL PASO COUNTY SD 14	\$3,767.11	\$548.20	\$4,315.31
EL PASO COUNTY SD 2	\$85,403.86	\$3,014.57	\$88,418.43
EL PASO COUNTY SD 22	\$4,712.34	\$70.72	\$4,783.06
EL PASO COUNTY SD 23JT	\$3,387.41	\$223.83	\$3,611.24

School Health Services Program Providers	FY 06-07 Medicaid Reimbursement	FY 05-06 Medicaid Reimbursement Paid to Providers in FY 06-07⁽¹⁾	FY 06-07 Total Medicaid Reimbursement
EL PASO COUNTY SD 28	\$612.42	\$23.92	\$636.34
EL PASO COUNTY SD 3	\$118,637.47	\$8,577.67	\$127,215.14
EL PASO COUNTY SD 38	\$33,078.54	\$1,081.21	\$34,159.75
EL PASO COUNTY SD 54JT	\$1,855.83	\$124.59	\$1,980.42
EL PASO COUNTY SD J1	\$2,674.39	\$25.50	\$2,699.89
ELBERT COUNTY SD 100J	\$1,651.86	\$2.18	\$1,654.04
ELBERT COUNTY SD C-1	\$6,869.13	\$327.76	\$7,196.89
FREMONT COUNTY SD 1	\$78,853.71	\$4,313.78	\$83,167.49
GARFIELD COUNTY SD 1	\$11,234.05	\$259.36	\$11,493.41
GARFIELD COUNTY SD 16	\$1,907.98	\$94.68	\$2,002.66
GARFIELD COUNTY SD RE-2	\$48,822.25	\$3,242.60	\$52,064.85
GRAND COUNTY SD 2	\$0.00	\$29.04	\$29.04
GUNNISON COUNTY SD 1J	\$54,627.23	\$2,275.53	\$56,902.76
JEFFERSON COUNTY SCHOOLS	\$675,925.20	\$61,566.79	\$737,491.99
LA PLATA COUNTY SD 10JTR	\$14,128.52	\$565.88	\$14,694.40
LA PLATA COUNTY SD 11JT	\$16,764.14	\$717.72	\$17,481.86
LA PLATA COUNTY SD 9R	\$56,444.87	\$2,036.26	\$58,481.13
LAKE COUNTY SD R-1	\$9,681.24	\$1,242.95	\$10,924.19
LARIMER COUNTY SD 1	\$154,689.16	\$11,004.95	\$165,694.11
LARIMER COUNTY SD 3	\$2,785.21	\$72.18	\$2,857.39
LARIMER COUNTY SD R2J	\$113,810.71	\$5,969.53	\$119,780.24
LOGAN COUNTY SD 1	\$107,746.21	\$4,994.52	\$112,740.73
MESA COUNTY SD 49 JT	\$4,331.35	\$229.15	\$4,560.50
MESA COUNTY SD 50	\$9,791.12	\$409.26	\$10,200.38
MESA COUNTY VALLEY SD 51	\$349,136.98	\$28,348.46	\$377,485.44
MOFFAT COUNTY SD	\$27,392.76	\$1,607.65	\$29,000.41
MONTEZUMA COUNTY SD 1	\$247,288.44	\$13,713.34	\$261,001.78
MONTEZUMA COUNTY SD 4A	\$54,610.23	\$3,205.99	\$57,816.22
MONTEZUMA COUNTY SD 6	\$12,726.80	\$825.50	\$13,552.30
MONTROSE COUNTY SD 2	\$11,400.84	\$391.57	\$11,792.41
MONTROSE COUNTY SD RE-1J	\$95,904.13	\$5,462.83	\$101,366.96
MORGAN COUNTY SD 3	\$23,770.36	\$1,944.12	\$25,714.48

School Health Services Program Providers	FY 06-07 Medicaid Reimbursement	FY 05-06 Medicaid Reimbursement Paid to Providers in FY 06-07⁽¹⁾	FY 06-07 Total Medicaid Reimbursement
MORGAN COUNTY SD 50J	\$1,554.13	\$149.11	\$1,703.24
MORGAN COUNTY SD RE-2J	\$4,963.12	\$424.34	\$5,387.46
NORTHEAST BOCES	\$151,357.55	\$8,501.54	\$159,859.09
OTERO COUNTY SD 1	\$81,473.73	\$5,719.98	\$87,193.71
OTERO COUNTY SD 2	\$38,620.66	\$1,935.38	\$40,556.04
OTERO COUNTY SD 31	\$0.00	\$100.08	\$100.08
OTERO COUNTY SD 33	\$573.12	\$155.44	\$728.56
OTERO COUNTY SD 4J	\$289.36	\$159.33	\$448.69
OURAY COUNTY SD R2	\$19,050.36	\$778.20	\$19,828.56
PARK COUNTY SD 1	\$35,119.96	\$1,667.94	\$36,787.90
PIKES PEAK BOCES	\$14,803.42	\$2,251.42	\$17,054.84
PITKIN COUNTY SD 1	\$0.00	\$111.87	\$111.87
PROWERS COUNTY SD 1	\$1,194.14	\$73.34	\$1,267.48
PROWERS COUNTY SD 13JT	\$10,130.08	\$24.37	\$10,154.45
PROWERS COUNTY SD 2	\$25,785.67	\$1,266.45	\$27,052.12
PROWERS COUNTY SD 3	\$10,003.75	\$650.33	\$10,654.08
PUEBLO SD 60	\$421,805.45	\$19,025.64	\$440,831.09
PUEBLO SD 70	\$243,584.37	\$10,827.17	\$254,411.54
RIO BLANCO COUNTY SD 1	\$5,975.44	\$527.42	\$6,502.86
RIO BLANCO COUNTY SD 4	\$15,721.14	\$909.14	\$16,630.28
RIO GRANDE COUNTY SD 33J	\$1,669.91	\$77.84	\$1,747.75
RIO GRANDE COUNTY SD C8	\$3,649.87	\$205.42	\$3,855.29
RIO GRANDE COUNTY SD C7	\$14,687.20	\$355.30	\$15,042.50
ROUTT COUNTY SD 1	\$6,994.63	\$327.45	\$7,322.08
ROUTT COUNTY SD 2	\$46,071.08	\$2,702.65	\$48,773.73
ROUTT COUNTY SD 3	\$3,450.27	\$131.28	\$3,581.55
SAGUACHE COUNTY SD 2	\$42.28	\$0.00	\$42.28
SALIDA SD R 32J	\$47,367.20	\$3,148.29	\$50,515.49
SAN LUIS VALLEY BOCS	\$63,099.34	\$2,624.03	\$65,723.37
TELLER COUNTY SD RE-1	\$13,184.70	\$726.35	\$13,911.05
WELD COUNTY SD 3	\$9,525.66	\$998.47	\$10,524.13
WELD COUNTY SD 6	\$215,814.98	\$16,351.72	\$232,166.70

School Health Services Program Providers	FY 06-07 Medicaid Reimbursement	FY 05-06 Medicaid Reimbursement Paid to Providers in FY 06-07⁽¹⁾	FY 06-07 Total Medicaid Reimbursement
WELD COUNTY SD RE-7	\$3,135.93	\$178.38	\$3,314.31
WELD COUNTY SD RE-1	\$5,511.32	\$313.74	\$5,825.06
WELD COUNTY SD RE-4	\$50,760.21	\$3,393.38	\$54,153.59
WELD COUNTY SD RE-8	\$26,159.02	\$1,026.84	\$27,185.86
WOODLAND PARK SD RE2	\$39,356.19	\$2,048.89	\$41,405.08
TOTAL	\$9,437,563.27	\$558,309.88	\$9,995,873.15

(1) FY 05-06 reimbursement originally withheld for administration costs and paid to providers in FY 06-07. 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 05-06, \$558,309.88 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 06-07. Data Source: Colorado Financial Reporting System (COFRS).