



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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

November 1, 2008

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

Dear Representative Buescher:

Enclosed please find the legislative report to the Joint Budget Committee on the Department of Health Care Policy and Financing's School Health Services Program.

Legislative Request for Information 24 requires the Department to submit a report to the Joint Budget Committee, by November 1 of each year, on the services that receive reimbursement from the federal government under S.B. 97-101 public school health services program.

The report includes information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars distributed to each school under the program. The report also includes information on how many children were served by the program.

Questions regarding the School Health Services Program FY 2007-08 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: Senator Moe Keller, Vice-Chairman, Joint Budget Committee
Senator Steve Johnson, Joint Budget Committee
Senator John Morse, Joint Budget Committee
Representative Jack Pommer, Joint Budget Committee
Representative Al White, Joint Budget Committee
Senator Peter Groff, President of the Senate
Senator Ken Gordon, Senate Majority Leader
Senator Andy McElhany, Senate Minority Leader
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Representative Alice Madden, House Majority Leader
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**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
CLIENT AND COMMUNITY RELATIONS OFFICE**

REPORT TO THE JOINT BUDGET COMMITTEE

**SCHOOL HEALTH SERVICES PROGRAM
FY 2007-08 ANNUAL REPORT**

NOVEMBER 1, 2008

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EXECUTIVE SUMMARY

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 24. Legislative Request for Information 24 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. Legislative Request for Information 24 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 health services that are medically necessary and provided to clients as prescribed in the client's Individual Education Program (IEP) or the Individualized Family Service Plan (IFSP).¹ Covered services may include direct medical services, including rehabilitative therapies, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, Targeted Case Management and Specialized Non-Emergency Transportation services. During FY 2007-08, 46,642 eligible clients received services from School Health Services Program Providers that were reimbursed through Medicaid. Participation by Medicaid-eligible clients is optional.

- **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 IEP or IFSP, when developed according to the Colorado Department of Education procedures, serves 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 2007-08, 109 School Health Services Program Providers received Medicaid reimbursement totaling \$9,369,593.34. Since its inception in 1997, through FY 2007-08, the School Health Services Program has allowed the State to reimburse providers more than \$83.0 million in Medicaid funds. As the original expenditures of the medical service

¹ The Individuals with Disabilities Education Act (IDEA), federal legislation on educating children with disabilities, defines how states and local education agencies are to meet their obligations to serve these students. The IEP and IFSP, required documents under IDEA, spell out the specific special education and related services, including health services, to be provided to meet the student's needs.

were incurred by a public entity using local tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is 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 Legislative Request for Information 24, 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. (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 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 choosing 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 within a health service delivery process established through the Local Services Plan, 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 2007-08, 109 School Health Services Program Providers received Medicaid reimbursement totaling \$9,369,593. Since its inception in 1997, through FY 2007-08, the School Health Services Program has allowed the State to reimburse providers more than \$83.0 million² 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.

During FY 2007-08, 109 school districts or BOCES contracted with the Department to receive Medicaid reimbursement for providing school health services to eligible clients. 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 Department, 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.

On July 23, 2008, after lengthy negotiations with the federal Centers for Medicare and Medicaid Services (CMS), the Department received approval of State Plan Amendment (SPA) 05-006. State Plan Amendment 05-006 was necessary to insure federal compliance of the School Health Services Program Providers regarding provider qualifications, coverage and reimbursement. Mandated changes detailed in SPA 05-006 as a result of directives from CMS, will potentially reduce total services reimbursed through the program. Additionally, the increased administrative responsibilities placed on providers to participate in periodic time studies and complete annual cost reports, could potentially deter provider participation in the program. Table 1 on the following page, highlights some of the program changes reflected in the approved SPA 05-006.

² 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, 2008.

Table 1
School Health Services Program
Changes As a Result of SPA 05-006

Prior to SPA 05-006	Effective with SPA 05-006
Coverage	
Claimable services included those for students with a 504 Plan or an Individualized Health Services Plan (IHSP).	Claimable services limited to services for clients with an IEP or IFSP and only for those services prescribed in the client's IEP or IFSP.
Basis: Section 411(k) (13) of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) amended Medicaid (Title XIX of the Social Security Act) at Section 1903. The amendment allows Medicaid to pay primary to the education agency for health services listed in a student's IEP or IFSP based on IDEA requirements. This amendment does not allow Medicaid reimbursement for services to students with only a 504 or IHSP Plan.	
Provider Qualifications	
Providers with only Colorado Department (CDE) of Education certifications were allowed to claim for health services provided to students in the school settings.	CDE only certification or licensure is not sufficient to provide Medicaid eligible services and seek federal financial participation (FFP) reimbursement.
Basis: All providers or contractors operating in school settings as Medicaid providers must meet federal provider qualifications as outlined in 42 Code of Federal Regulations (CFR). <i>"If the State allows provision of Medicaid services by school providers who are not qualified to provide Medicaid services outside schools (this could include school nurses, school psychologists, school social workers) it must provide CMS with an equivalency ruling from the State Attorney General's office assuring comparability between school providers and non-school providers."</i> CMS, 2006, Report of Findings of Colorado's Medicaid School Health Services Program Review.	
Reimbursement	
Providers submitting School Health Services claims for Medicaid services were paid with a statewide average rate on a fee-for-service basis. Districts providers submitted a quarterly certification of match to the Department for reimbursement.	Each provider district is required to participate in a quarterly time study, and complete and submit an annual cost report, which documents its actual, incurred allowable costs and expenditures. An annual cost reconciliation and settlement of costs is required.
Basis: <i>"In order to assure the legitimate use of certification of public expenditures pursuant to federal regulations at 42 CFR 433.31, the reimbursement methodology must be based on actual expenditures eligible for FFP. A critical factor to assure a cost-based methodology is the annual reconciliation of CPEs at the individual school district level."</i> CMS, 2006, Report of Findings of Colorado's Medicaid School Health Services Program Review.	

RESPONSE TO LEGISLATIVE REQUEST FOR INFORMATION 24

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 delivering services to Medicaid-eligible clients under the age of 21, as included in the Medicaid statute (section 1905(a) of the Act) and as described in the Code of Colorado Regulations, 10 CCR 2505-10. School-based services may include direct services that are covered under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, including rehabilitative therapies; Targeted Case Management and Specialized Non-Emergency Transportation services. School Health Services Program Providers must provide services that are medically necessary and provided to clients as prescribed in the client's Individual Education Program or the Individualized Family Service Plan.

Under EPSDT³, Medicaid must provide for screening, vision, hearing and dental services at intervals that 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 that 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. Rehabilitative therapies must be recommended by a physician or other licensed practitioner of the healing arts.

Specialized Non-Emergency Transportation is reimbursable under Medicaid when provided on the same date of service that a Medicaid covered service, required by the client's IEP or IFSP, is received. 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.

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 development. Services may include individualized strengths and needs assessments; service

³ 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.

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.

School districts received Medicaid reimbursement funds for providing medical services, Targeted Case Management and Specialized Non-Emergency Transportation to 46,642 (unduplicated) Medicaid eligible children during FY 2007-08. From the prior fiscal year, the number of unduplicated children receiving Medicaid services decreased by 1,277 in FY 2007-08. Of the service categories reported in Table 2 below, Nursing and Nursing Aide services were the most utilized by clients. Nursing services were provided and reimbursed for 39,008 (duplicated) clients. The client total of 39,008 for nursing services is a 2,087 decrease from FY 2006-07. Targeted Case Management had the second highest utilization total for clients in FY 2007-08. Table 2 below summarizes the type of services for which districts received Medicaid reimbursement in FY 2007-08 and the number of unique clients that received each service. There was a slight decrease in the number of provider districts participating in the program for FY 2007-08, resulting in a decrease in the number of clients served.

Table 2
FY 2007-08 Numbers of Unique Clients Served
by Medicaid Reimbursed Service

Medicaid Reimbursed Service	Number of Unique Clients Served
Direct Services	
Audiology	2,467
Behavioral Health Counseling and Therapy	2,419
Behavioral Health Evaluation	2,187
Speech Therapy	6,577
Speech/Hearing Evaluation	3,943
Nursing Aide Services	12,081
Nursing Evaluation	5,684
Nursing Services	21,243
Occupational Therapy	3,305
Occupational Therapy Evaluation	1,334
Physical Therapy	1,427
Physical Therapy Evaluation	413
Motor Therapy - Orientation and Mobility	100
Total Unduplicated Clients - Direct Services	40,335
Targeted Case Management	
	21,341
Specialized Non-Emergency Transportation	
	2,207

Medicaid Reimbursed Service	Number of Unique Clients Served
Total Unduplicated Clients - All Services	46,642
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 19, 2008.	

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 client'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 Individual Education Program or Individualized Family Services 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 2007-08, claims submitted for Medicaid services by 109 School Health Services Program Providers resulted in Medicaid reimbursement of \$8,921,164, 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 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 2006-07, \$448,429 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 2007-08. As detailed in Table 3, during FY 2007-08, 109 School Health Services Program Providers received Medicaid reimbursement totaling \$9,369,593.

Table 3
FY 2007-08 Medicaid Reimbursement to School Health Services Program Providers

School Health Services Program Providers	FY 2007-08 Medicaid Reimbursement	FY 2006-07 Medicaid Reimbursement Paid to Providers in FY 2007-08 ⁽¹⁾	FY 2007-08 Total Medicaid Reimbursement
ADAMS 12 FIVE STAR SCHOOLS	\$311,659.70	\$19,396.21	\$331,055.91
ADAMS ARAPAHOE SD 28J	\$446,391.99	\$23,063.19	\$469,455.18
ADAMS COUNTY SD 14	\$76,066.74	\$8,627.36	\$84,694.10
ADAMS COUNTY SD 1	\$40,494.69	\$1,986.30	\$42,480.99
ADAMS COUNTY SD 27J	\$300,012.94	\$14,126.10	\$314,139.04
ADAMS COUNTY SD 50	\$112,872.50	\$6,462.80	\$119,335.30
ALAMOSA COUNTY SD 11J	\$7,262.07	\$518.55	\$7,780.62
ALAMOSA COUNTY SD 22J	\$0.00	\$203.04	\$203.04
ARAPAHOE COUNTY SD 1	\$38,723.13	\$1,665.04	\$40,388.17
ARAPAHOE COUNTY SD 2	\$22,627.90	\$1,036.69	\$23,664.59
ARAPAHOE COUNTY SD 6	\$45,760.41	\$2,170.06	\$47,930.77
ARCHULETA COUNTY SD 50JT	\$40,158.06	\$1,868.75	\$42,026.81
BENT COUNTY SD 1	\$37,579.62	\$3,450.85	\$41,030.47
BENT COUNTY SD 2	\$3,179.74	\$96.12	\$3,275.86
BOULDER COUNTY SD 2	\$292,190.63	\$9,278.65	\$301,469.28
BOULDER COUNTY SD RE 1J	\$292,535.72	\$12,330.96	\$304,866.68
CENTENNIAL BOCES	\$35,675.03	\$1,521.50	\$37,196.53
CENTER CONSOLIDATED SD 26JT	\$4,363.17	\$585.67	\$4,948.84
CHAFFEE COUNTY SD R 31	\$27,344.29	\$2,392.06	\$29,736.35
CHERRY CREEK SD 5	\$271,608.52	\$10,716.12	\$282,324.64
CHARTER SCHOOL INSTITUTE	\$3,255.10	\$5.36	\$3,260.46
CLEAR CREEK SD RE 1	\$2,163.97	\$101.48	\$2,265.45
COLORADO SCHOOL FOR THE DEAF AND BLIND	\$67,430.92	\$1,709.86	\$69,140.78
COLORADO SPRINGS SD 11	\$329,932.38	\$14,005.39	\$343,937.77
CONEJOS COUNTY SD RE-10	\$1,171.20	\$91.43	\$1,262.63
CONEJOS COUNTY SD RE-1J	\$1,024.12	\$218.12	\$1,242.24
CONEJOS COUNTY SD 6J	\$0.00	\$18.68	\$18.68
COSTILLA COUNTY SD R-1	\$200.52	\$98.56	\$299.08
COSTILLA COUNTY SD R-30	\$206.47	\$102.57	\$309.04
CROWLEY COUNTY SD 1J	\$14,620.57	\$296.24	\$14,916.81

School Health Services Program Providers	FY 2007-08 Medicaid Reimbursement	FY 2006-07 Medicaid Reimbursement Paid to Providers in FY 2007-08 ⁽¹⁾	FY 2007-08 Total Medicaid Reimbursement
CUSTER COUNTY SD C1	\$1,513.13	\$60.97	\$1,574.10
DELTA COUNTY SD 50J	\$108,082.27	\$5,085.74	\$113,168.01
DENVER PUBLIC SCHOOLS	\$1,078,852.17	\$83,336.04	\$1,162,188.21
DOLORES COUNTY SD RE-2J	\$1,916.35	\$193.49	\$2,109.84
DOUGLAS COUNTY SD RE-1	\$177,012.21	\$8,282.94	\$185,295.15
EAGLE COUNTY SD 50	\$162.08	\$293.30	\$455.38
EL PASO CONSOLIDATED SD 49	\$253,842.02	\$7,746.84	\$261,588.86
EL PASO COUNTY ACADEMY 20	\$200,429.01	\$9,091.63	\$209,520.64
EL PASO COUNTY SD 12	\$52,214.50	\$2,672.02	\$54,886.52
EL PASO COUNTY SD 14	\$14,024.12	\$179.18	\$14,203.30
EL PASO COUNTY SD 2	\$72,375.93	\$4,062.40	\$76,438.33
EL PASO COUNTY SD 22	\$0.00	\$224.15	\$224.15
EL PASO COUNTY SD 23JT	\$0.00	\$161.12	\$161.12
EL PASO COUNTY SD 28	\$0.00	\$29.12	\$29.12
EL PASO COUNTY SD 3	\$120,410.50	\$5,643.21	\$126,053.71
EL PASO COUNTY SD 38	\$58,558.73	\$1,573.43	\$60,132.16
EL PASO COUNTY SD 54JT	\$0.00	\$88.27	\$88.27
EL PASO COUNTY SD J1	\$0.00	\$127.21	\$127.21
ELBERT COUNTY SD 100J	\$0.00	\$78.57	\$78.57
ELBERT COUNTY SD C-1	\$1,180.47	\$326.49	\$1,506.96
FREMONT COUNTY SD 1	\$89,271.18	\$3,750.80	\$93,021.98
GARFIELD COUNTY SD 1	\$12,002.42	\$534.38	\$12,536.80
GARFIELD COUNTY SD 16	\$1,372.20	\$90.75	\$1,462.95
GARFIELD COUNTY SD RE-2	\$64,939.91	\$2,322.33	\$67,262.24
GUNNISON COUNTY SD 1J	\$42,708.63	\$2,598.42	\$45,307.05
JEFFERSON COUNTY SCHOOLS	\$775,264.26	\$32,151.28	\$807,415.54
LA PLATA COUNTY SD 10JTR	\$11,490.41	\$672.05	\$12,162.46
LA PLATA COUNTY SD 11JT	\$11,396.67	\$797.40	\$12,194.07
LA PLATA COUNTY SD 9R	\$109,491.59	\$2,684.92	\$112,176.51
LAKE COUNTY SD R-1	\$4,300.12	\$453.52	\$4,753.64
LARIMER COUNTY SD 1	\$175,264.60	\$7,358.06	\$182,622.66
LARIMER COUNTY SD 3	\$2,657.60	\$132.49	\$2,790.09

School Health Services Program Providers	FY 2007-08 Medicaid Reimbursement	FY 2006-07 Medicaid Reimbursement Paid to Providers in FY 2007-08 ⁽¹⁾	FY 2007-08 Total Medicaid Reimbursement
LARIMER COUNTY SD R2J	\$163,568.35	\$5,413.57	\$168,981.92
LOGAN COUNTY SD 1	\$132,703.42	\$5,125.11	\$137,828.53
MESA COUNTY SD 49 JT	\$4,716.75	\$195.62	\$4,912.37
MESA COUNTY SD 50	\$5,776.65	\$465.72	\$6,242.37
MESA COUNTY VALLEY SD 51	\$339,564.40	\$16,319.07	\$355,883.47
MOFFAT COUNTY SD	\$24,258.11	\$1,302.97	\$25,561.08
MONTEZUMA COUNTY SD 1	\$164,881.21	\$11,762.68	\$176,643.89
MONTEZUMA COUNTY SD 4A	\$31,186.78	\$2,597.62	\$33,784.40
MONTEZUMA COUNTY SD 6	\$14,284.24	\$604.27	\$14,888.51
MONTROSE COUNTY SD 2	\$7,969.19	\$542.31	\$8,511.50
MONTROSE COUNTY SD RE-1J	\$139,573.65	\$4,561.85	\$144,135.50
MORGAN COUNTY SD 3	\$28,924.94	\$1,130.67	\$30,055.61
MORGAN COUNTY SD 50J	\$303.02	\$73.91	\$376.93
MORGAN COUNTY SD RE-2J	\$2,023.56	\$236.06	\$2,259.62
NORTHEAST BOCES	\$143,284.77	\$7,199.59	\$150,484.36
OTERO COUNTY SD 1	\$47,083.28	\$3,875.44	\$50,958.72
OTERO COUNTY SD 2	\$28,734.53	\$1,837.06	\$30,571.59
OTERO COUNTY SD 31	\$0.00	\$13.76	\$13.76
OTERO COUNTY SD 33	\$0.00	\$27.26	\$27.26
OURAY COUNTY SD R2	\$16,265.61	\$906.17	\$17,171.78
PARK COUNTY SD 1	\$52,221.64	\$1,670.54	\$53,892.18
PIKES PEAK BOCES	\$22,873.48	\$704.15	\$23,577.63
PROWERS COUNTY SD 1	\$1,826.67	\$56.79	\$1,883.46
PROWERS COUNTY SD 13JT	\$2,248.15	\$481.86	\$2,730.01
PROWERS COUNTY SD 2	\$16,290.64	\$1,226.54	\$17,517.18
PROWERS COUNTY SD 3	\$8,017.94	\$475.85	\$8,493.79
PUEBLO SD 60	\$261,827.71	\$20,063.88	\$281,891.59
PUEBLO SD 70	\$370,250.51	\$11,440.20	\$381,690.71
RIO BLANCO COUNTY SD 1	\$1,854.56	\$284.25	\$2,138.81
RIO BLANCO COUNTY SD 4	\$11,650.56	\$747.81	\$12,398.37
RIO GRANDE COUNTY SD 33J	\$0.00	\$79.43	\$79.43
RIO GRANDE COUNTY SD C8	\$1,647.11	\$173.60	\$1,820.71

School Health Services Program Providers	FY 2007-08 Medicaid Reimbursement	FY 2006-07 Medicaid Reimbursement Paid to Providers in FY 2007-08 ⁽¹⁾	FY 2007-08 Total Medicaid Reimbursement
RIO GRANDE COUNTY SD C7	\$4,838.31	\$689.69	\$5,528.00
ROUTT COUNTY SD 1	\$8,493.28	\$332.71	\$8,825.99
ROUTT COUNTY SD 2	\$54,762.25	\$2,181.16	\$56,943.41
ROUTT COUNTY SD 3	\$1,014.41	\$155.34	\$1,169.75
SAGUACHE COUNTY SD 2	\$1,825.17	\$2.01	\$1,827.18
SALIDA SD R 32J	\$60,712.60	\$2,253.12	\$62,965.72
SAN LUIS VALLEY BOCS	\$21,087.98	\$2,985.42	\$24,073.40
TELLER COUNTY SD RE-1	\$12,892.91	\$627.15	\$13,520.06
WELD COUNTY SD 3	\$12,889.01	\$453.11	\$13,342.12
WELD COUNTY SD 6	\$271,052.16	\$10,265.58	\$281,317.74
WELD COUNTY SD RE-7	\$7,697.10	\$149.17	\$7,846.27
WELD COUNTY SD RE-1	\$7,173.43	\$262.18	\$7,435.61
WELD COUNTY SD RE-4	\$61,187.02	\$2,414.51	\$63,601.53
WELD COUNTY SD RE-8	\$48,118.84	\$1,244.29	\$49,363.13
WOODLAND PARK SD RE2	\$34,362.65	\$1,872.03	\$36,234.68
TOTAL	\$8,921,164.03	\$448,429.31	\$9,369,593.34

(1) FY 2006-07 reimbursement originally withheld for administration costs and paid to providers in FY 2007-08. 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 2006-07, \$448,429.31 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 2007-08. Data Source: Colorado Financial Reporting System (COFRS).