



**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
BUDGET AND FINANCE OFFICE**

**REPORT TO THE JOINT BUDGET COMMITTEE**

**SCHOOL HEALTH SERVICES PROGRAM  
FY 2008-09 ANNUAL REPORT**

**NOVEMBER 1, 2009**

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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 25. The School Health Services Program administered by the Department of Health Care Policy and Financing (the Department) allows Colorado public school districts, Boards of Cooperative Education Services, 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 25 requests information on the following:

- **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 Medicaid eligible clients as prescribed in the client's Individual Education Program (IEP) or the Individualized Family Service Plan (IFSP).<sup>1</sup> 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 2008-09, 11,106 eligible clients received school health services reimbursed through Medicaid. Participation by Medicaid-eligible clients is optional.

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

For a School Health Services Program Provider to receive Medicaid reimbursement the service must meet the definition of medical necessity. A determination of medical necessity is made through the referral and authorization process. Where required by Medicaid regulations, a qualified practitioner of the healing arts refers a client for services. The client's IEP or IFSP, when developed according to the Colorado Department of Education procedures, serves as authorizing documents. The Department provides technical assistance and oversight monitoring to ensure providers comply with the requirement.

- **Federal Dollars Distribution to School Districts**

In FY 2008-09, 96 School Health Services Program Providers received Medicaid reimbursement totaling \$9,542,048.44. Since its inception in 1997, through FY 2008-09, the School Health Services Program has allowed providers to be reimbursed more than \$93 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 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 school district, with community input, describes the type and cost of services to be provided with the funds.

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<sup>1</sup> 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.

## **INTRODUCTION**

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 25, 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. (2009), 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 school 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 school 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, school 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 2008-09, 96 School Health Services Program Providers received Medicaid reimbursement totaling \$9,542,048.44. Since its inception in 1997, through FY 2008-09, the School Health Services Program has allowed the State to

reimburse providers more than \$93 million<sup>2</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.

During FY 2008-09, 96 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 ensure federal compliance of the School Health Services Program Providers regarding provider qualifications, coverage and reimbursement. As a result of new mandates, which now require all clients to have an IEP, the number of clients served and services reimbursed through the program decreased in FY 2008-09. Further, increased administrative responsibilities deterred provider participation in the program.

Under the approved State Plan Amendment, all School Health Services Program Providers were required to participate in a quarterly random moment time study to determine the percentage of allowable time spent providing Medicaid claimable School Health Services. However, by utilizing a time study, providers will receive a payment based on the actual cost incurred for providing Medicaid services, rather than through a fixed rate established by the Department. Overall, the new cost based reimbursement is expected to increase the aggregate reimbursement to School Health Services Program Providers.

Prior to receiving a final payment based on the actual cost incurred for providing Medicaid services, School Health Services Program Providers submit claims and receive interim payments for providing services to eligible clients. After the fiscal year ends each provider is required to complete a cost report documenting their total Medicaid allowable costs for delivering School Health Services and certifying their public expenditures. The cost report reconciles interim

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<sup>2</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, November 6, 2009.

payments made to the provider during the fiscal year against actual costs. If the provider's interim payments exceed the actual, certified costs of providing School Health Services, the provider must return the overpayment amount to the Department. If the provider's actual costs exceed the interim payments they received then the Department will pay the federal share difference to the provider. This cost reconciliation process is based on a cost allocation methodology approved by CMS.

## **RESPONSE TO LEGISLATIVE REQUEST FOR INFORMATION 25**

### **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 IEP or the IFSP.

Under EPSDT<sup>3</sup>, 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 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.

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<sup>3</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.

School districts received Medicaid reimbursement for providing medical services, Targeted Case Management and Specialized Non-Emergency Transportation to 11,106 (unduplicated) Medicaid eligible clients during FY 2008-09. Table 1 summarizes the type of services for which districts received Medicaid reimbursement in FY 2008-09 and the number of unique clients that received each service. From the prior fiscal year, the number of unduplicated children receiving Medicaid services decreased by 35,536. There was a decrease in the number of overall clients served as a result of less school districts participating as providers in the program. Provider participation decreased due to enhanced provider qualifications and increased administrative tasks associated with providing services as mandated by CMS in the revised SPA 05-006. Of the service categories reported in Table 1, Speech Therapy services were the most utilized by clients. Speech Therapy services were provided and reimbursed for 5,763 (unduplicated) clients. The client total for Speech Therapy services is an 814 decrease from FY 2007-08. Nursing services had the second highest utilization total for clients in FY 2008-09 with 3316 (duplicated) clients being served. Evaluations and nursing services decreased as those services had historically been claimed inappropriately and are now only reimbursable if prescribed in a client's IEP or IFSP.

**Table 1**  
**FY 2008-09 Unique Clients Served by Medicaid Reimbursed Service**

<b>Medicaid Reimbursed Service</b>	<b>Unique Clients Served</b>
Audiology	16
Behavioral Health Counseling and Therapy	526
Behavioral Health Evaluation	378
Speech Therapy	5,763
Speech/Hearing Evaluation	1,773
Nursing Aide Services	1,530
Nursing Evaluation	1,289
Nursing Services	497
Occupational Therapy	2,947
Occupational Therapy Evaluation	889
Physical Therapy	1,370
Physical Therapy Evaluation	270
Motor Therapy - Orientation and Mobility	59
<b>Total Unduplicated Clients - Direct Services</b>	<b>10,039</b>
<b>Targeted Case Management</b>	<b>2,207</b>
<b>Transportation</b>	<b>2,605</b>
<b>Total Unduplicated Clients - All Services</b>	<b>11,106</b>
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 18, 2009.	



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

School 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 IEP or IFSP, when developed according to the Colorado Department of Education procedures, serve as an authorizing document. Technical assistance is provided for school 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. Additionally, 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 2008-09, claims submitted for Medicaid services by 96 School Health Services Program Providers resulted in Medicaid reimbursement of \$9,220,364.26 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 2007-08, \$321,684.18 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 2008-09. As detailed in Table 2, during FY 2008-09, 96 School Health Services Program Providers received Medicaid reimbursement totaling \$9,542,048.44.

**Table 2**  
**FY 2008-09 Medicaid Reimbursement to School Health Services Program Providers**

School Health Services Program Providers	FY 2008-09 Medicaid Reimbursement	FY 2007-08 Medicaid Reimbursement Paid to Providers in FY 2008-09 <sup>(1)</sup>	FY 2008-09 Total Medicaid Reimbursement
ADAMS 12 FIVE STAR SCHOOLS	\$182,488.54	\$11,460.45	\$193,948.99
ADAMS ARAPAHOE SD 28J	\$1,025,381.33	\$16,414.80	\$1,041,796.13
ADAMS COUNTY SD 14	\$64,631.21	\$2,797.13	\$67,428.34
ADAMS COUNTY SD 1	\$30,935.22	\$1,489.13	\$32,424.35
ADAMS COUNTY SD 27J	\$228,639.15	\$10,837.44	\$239,476.59
ADAMS COUNTY SD 50	\$40,171.93	\$4,150.59	\$44,322.52
ALAMOSA COUNTY SD 11J	\$2,758.97	\$267.05	\$3,026.02
ARAPAHOE COUNTY SD 1	\$17,403.79	\$0.00	\$17,403.79
ARAPAHOE COUNTY SD 2	\$889.58	\$832.09	\$1,721.67
ARAPAHOE COUNTY SD 6	\$26,498.99	\$1,682.76	\$28,181.75
ARCHULETA COUNTY SD 50JT	\$43,331.55	\$1,424.92	\$44,756.47
BENT COUNTY SD 1	\$47,493.41	\$1,381.88	\$48,875.29
BENT COUNTY SD 2	\$960.21	\$0.00	\$960.21
BOULDER COUNTY SD 2	\$374,776.09	\$10,744.47	\$385,520.56
BOULDER COUNTY SD RE 1J	\$154,584.26	\$10,757.18	\$165,341.44
CENTENNIAL BOCES	\$11,808.37	\$1,302.58	\$13,110.95
CENTER CONSOLIDATED SD 26JT	\$2,133.22	\$160.45	\$2,293.67
CHAFFEE COUNTY SD R 31	\$54,902.76	\$1,005.53	\$55,908.29
CHERRY CREEK SD 5	\$330,109.59	\$9,987.66	\$340,097.25
CHARTER SCHOOL INSTITUTE	\$843.58	\$119.72	\$963.30
CLEAR CREEK SD RE 1	\$9,389.78	\$79.59	\$9,469.37
COLORADO SCHOOL FOR THE DEAF AND BLIND	\$68,359.51	\$2,477.51	\$70,837.02
COLORADO SPRINGS SD 11	\$218,164.29	\$12,132.35	\$230,296.64
CONEJOS COUNTY SD RE-10	\$323.98	\$43.08	\$367.06
CONEJOS COUNTY SD RE-1J	\$253.02	\$37.67	\$290.69
COSTILLA COUNTY SD R-1	\$165.80	\$0.00	\$165.80
COSTILLA COUNTY SD R-30	\$95.33	\$7.60	\$102.93
CROWLEY COUNTY SD 1J	\$37,291.74	\$570.26	\$37,862.00
CUSTER COUNTY SD C1	\$0.00	\$55.65	\$55.65
DELTA COUNTY SD 50J	\$55,276.18	\$3,974.43	\$59,250.61

School Health Services Program Providers	FY 2008-09 Medicaid Reimbursement	FY 2007-08 Medicaid Reimbursement Paid to Providers in FY 2008-09 <sup>(1)</sup>	FY 2008-09 Total Medicaid Reimbursement
DENVER PUBLIC SCHOOLS	\$1,488,054.26	39,671.68	\$1,527,725.94
DOLORES COUNTY SD RE-2J	\$784.57	\$70.48	\$855.05
DOUGLAS COUNTY SD RE-1	\$335,221.53	\$6,508.39	\$341,729.92
EAGLE COUNTY SD 50	\$0.00	\$5.96	\$5.96
EL PASO CONSOLIDATED SD 49	\$191,294.33	\$9,334.32	\$200,628.65
EL PASO COUNTY ACADEMY 20	\$149,497.18	\$7,295.31	\$156,792.49
EL PASO COUNTY SD 12	\$64,039.04	\$1,918.61	\$65,957.65
EL PASO COUNTY SD 14	\$6235.26	\$515.70	\$6,750.96
EL PASO COUNTY SD 2	\$41,658.73	\$2,662.95	\$44,321.68
EL PASO COUNTY SD 3	\$51,985.94	\$4,428.04	\$56,413.98
EL PASO COUNTY SD 38	\$47,952.38	\$2,153.38	\$50,105.76
FREMONT COUNTY SD 1	\$134,114.25	\$3,282.73	\$137,396.98
GARFIELD COUNTY SD 1	\$57,327.12	\$0.00	\$57,327.12
GARFIELD COUNTY SD 16	\$2,242.51	\$50.49	\$2,293.00
GARFIELD COUNTY SD RE-2	\$83,473.36	\$0.00	\$83,473.36
GUNNISON COUNTY SD 1J	\$36,658.76	\$1,570.50	\$38,229.26
JEFFERSON COUNTY SCHOOLS	\$665,536.70	\$28,506.21	\$694,042.91
LA PLATA COUNTY SD 10JTR	\$6,529.71	\$422.54	\$6,952.25
LA PLATA COUNTY SD 11JT	\$15,284.21	\$419.07	\$15,703.28
LA PLATA COUNTY SD 9R	\$119,768.46	\$4,380.75	\$124,149.21
LAKE COUNTY SD R-1	\$7,436.59	\$158.13	\$7,594.72
LARIMER COUNTY SD 1	\$141,612.85	\$6,444.86	\$148,057.71
LARIMER COUNTY SD 3	\$2,657.60	\$132.49	\$2,790.09
LARIMER COUNTY SD R2J	\$190,417.64	\$6,014.61	\$196,432.25
LOGAN COUNTY SD 1	\$69,620.68	\$4,862.23	\$74,482.91
MESA COUNTY SD 49 JT	\$0.00	\$173.44	\$173.44
MESA COUNTY SD 50	\$1,048.78	\$212.46	\$1,261.24
MESA COUNTY VALLEY SD 51	\$154,903.34	\$12,486.54	\$167,389.88
MOFFAT COUNTY SD	\$25,938.24	\$892.05	\$26,830.29
MONTEZUMA COUNTY SD 1	\$136,337.04	\$0.00	\$136,337.04
MONTEZUMA COUNTY SD 4A	\$25,270.18	\$1,146.82	\$26,417.00
MONTEZUMA COUNTY SD 6	\$15,495.16	\$6,057.36	\$21,552.52
MONTROSE COUNTY SD 2	\$9,744.73	\$293.05	\$10,037.78

School Health Services Program Providers	FY 2008-09 Medicaid Reimbursement	FY 2007-08 Medicaid Reimbursement Paid to Providers in FY 2008-09 <sup>(1)</sup>	FY 2008-09 Total Medicaid Reimbursement
MONTROSE COUNTY SD RE-1J	\$146,913.54	\$5,122.63	\$152,036.17
MORGAN COUNTY SD 3	\$2,691.40	\$1,063.65	\$3,755.05
MORGAN COUNTY SD RE-2J	\$503.57	\$74.42	\$577.99
NORTHEAST BOCES	\$110,237.06	\$5,268.90	\$115,505.96
OTERO COUNTY SD 1	\$115,461.14	\$1,731.35	\$117,192.49
OTERO COUNTY SD 2	\$43,049.52	\$1,039.39	\$44,088.91
OURAY COUNTY SD R2	\$11,435.97	\$598.15	\$12,034.12
PARK COUNTY SD 1	\$52,043.01	\$1,920.32	\$53,963.33
PIKES PEAK BOCES	\$35,450.38	\$0.00	\$35,450.38
PROWERS COUNTY SD 1	\$605.58	\$67.18	\$672.76
PROWERS COUNTY SD 13JT	\$684.30	\$82.69	\$766.99
PROWERS COUNTY SD 2	\$31,489.73	\$599.06	\$32,088.79
PROWERS COUNTY SD 3	\$5,004.26	\$294.85	\$5,299.11
PUEBLO SD 60	\$394,441.60	\$13,614.92	\$408,056.52
PUEBLO SD 70	\$370,250.51	\$11,440.20	\$381,690.71
RIO BLANCO COUNTY SD 1	\$1,856.25	\$0.00	\$1,856.25
RIO BLANCO COUNTY SD 4	\$11,664.19	\$0.00	\$11,664.19
RIO GRANDE COUNTY SD C8	\$256.19	\$60.56	\$316.75
RIO GRANDE COUNTY SD C7	\$2,455.14	\$177.91	\$2,633.05
ROUTT COUNTY SD 1	\$15,287.39	\$312.32	\$15,599.71
ROUTT COUNTY SD 2	\$34,307.68	\$2,013.74	\$36,321.42
ROUTT COUNTY SD 3	\$1,039.15	\$37.31	\$1,076.46
SAGUACHE COUNTY SD 2	\$352.62	\$67.12	\$419.74
SALIDA SD R 32J	\$51,593.05	\$2,229.41	\$53,822.46
SAN LUIS VALLEY BOCES	\$9,314.94	\$775.42	\$10,090.36
TELLER COUNTY SD RE-1	\$6,165.53	\$474.11	\$6,639.64
WELD COUNTY SD 3	\$9,731.92	\$698.85	\$10,430.77
WELD COUNTY SD 6	\$271,802.61	\$9,967.19	\$281,769.80
WELD COUNTY SD RE-7	\$4,611.27	\$283.05	\$4,894.32
WELD COUNTY SD RE-1	\$1,450.20	\$0.00	\$1,450.20
WELD COUNTY SD RE-4	\$110,330.58	\$2,248.28	\$112,578.86
WELD COUNTY SD RE-8	\$41,560.18	\$1,769.45	\$43,329.63
WOODLAND PARK SD RE2	\$28,891.64	\$1,243.99	\$30,135.63

School Health Services Program Providers	FY 2008-09 Medicaid Reimbursement	FY 2007-08 Medicaid Reimbursement Paid to Providers in FY 2008-09 <sup>(1)</sup>	FY 2008-09 Total Medicaid Reimbursement
<b>TOTAL</b>	<b>\$9,220,364.26</b>	<b>\$321,684.18</b>	<b>\$9,542,048.44</b>

(1) FY 2007-08 reimbursement originally withheld for administration costs and paid to providers in FY 2008-09. 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 2007-08, \$321,684.18 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 2008-09. Data Source: Colorado Financial Reporting System (COFRS).