



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

REPORT TO THE JOINT BUDGET COMMITTEE

**SCHOOL HEALTH SERVICES PROGRAM
FY 2009-10 ANNUAL REPORT**

NOVEMBER 1, 2010

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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 19. 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 19 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). 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 2009-10, 12,214 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 2009-10, 93 School Health Services Program Providers received Medicaid reimbursement totaling \$10,769,038. Since its inception in 1997, through FY 2009-10, the School Health Services Program has allowed providers to be reimbursed more than \$103 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 school 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 19, 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. (2010), 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 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 2009-10, 93 School Health Services Program Providers received Medicaid reimbursement totaling \$10,769,038. Since its inception in 1997, through FY 2009-10, the School Health Services Program has allowed the State to

reimburse providers more than \$103 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.

During FY 2009-10, 93 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. SPA 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 or IFSP, the number of clients served and services provided through the program both decreased in FY 2008-09 but then increased in FY 2009-10. Moreover, federal compliance requirements increased administrative responsibilities which may have hindered provider participation in the program.

Under the approved SPA, all School Health Services Program Providers are 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 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 increased the aggregate reimbursement to School Health Services Program Providers by \$946,937.

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

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 27, 2010.

Health Services and certifying their public expenditures. The cost report reconciles interim 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 and settlement process is based on a cost allocation methodology approved by CMS. The cost reconciliation and settlement that occurred in FY 2009-10 caused a total negative reimbursement for some School Health Services Program Providers, as these provider's were overpaid beyond the approved definition of costs in the prior fiscal year. The Department has taken action and worked with the impacted providers to lower future interim payments to reduce this impact in future years.

Furthermore, the Department received federal approval to implement Medicaid Administrative Claiming in FY 2010-11. Administrative claiming reimburses School Health Services Program Providers for the time spent in administrative activities that directly support efforts to identify and enroll potentially eligible children and their families into Medicaid. The Department expects Medicaid Administrative Claiming to increase provider participation and increase aggregate reimbursement by \$1,000,000 to \$3,000,000.

RESPONSE TO LEGISLATIVE REQUEST FOR INFORMATION 19

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 IFSP².

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

² 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.

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.

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.

School districts received Medicaid reimbursement for providing medical services, Targeted Case Management and Specialized Non-Emergency Transportation to 12,214 Medicaid eligible clients during FY 2009-10. Table 1 summarizes the type of services for which districts received Medicaid reimbursement in FY 2009-10 and the number of unique clients that received each service. From the prior fiscal year, the number of children receiving Medicaid services increased by 1,108. 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 6,958 clients. The client total for Speech Therapy services is a 1,195 increase from FY 2008-09. Occupational Therapy services had the second highest utilization total for clients in FY 2009-10 with 3,957 clients being served. Targeted Case Management decreased from FY 2008-09 by 406 clients due to increased administrative tasks associated with providing the service as mandated by CMS in the revised SPA 05-006.

Table 1
FY 2009-10 Unique Clients Served by Medicaid Reimbursed Service

Medicaid Reimbursed Service	Unique Clients Served
Audiology	29
Behavioral Health Counseling and Therapy	603
Behavioral Health Evaluation	281
Speech Therapy	6,958
Speech/Hearing Evaluation	1,719
Nursing Aide Services	1,294
Nursing Evaluation	1,256
Nursing Services	513
Occupational Therapy	3,121
Occupational Therapy Evaluation	836
Physical Therapy	1,505
Physical Therapy Evaluation	327
Motor Therapy - Orientation and Mobility	74
Total Clients - Direct Services	11,374
Targeted Case Management	1,801
Transportation	2,641
Total Clients - All Services	12,214
<small>Note: Total Clients–Direct Services, Targeted Case Management, Transportation, and Total-Clients All Services are unduplicated client counts in the respective category. Unduplicated client counts represent the number of unique clients who received a service in each category only. Totals are not the sum of categories. 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. Data Source: Medicaid paid claims from MMIS-DSS. Business Analysis Section, Department of Health Care Policy and Financing, September 17, 2010.</small>	

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 detailed in Table 2, during FY 2009-10, 93 School Health Services Program Providers received Medicaid reimbursement totaling \$10,769,038 resulting in a 12.5% increase from the previous fiscal year.

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 2009-10, claims submitted for Medicaid services by 77 School Health Services Program Providers resulted in interim payments and Medicaid reimbursement of \$9,447,026 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.

Additionally, a cost reconciliation process for School Health Services Program Providers was performed to reconcile interim payments made to the providers during FY 2008-09 against actual costs for that period as identified through the cost reporting process. This process is in accordance with the new cost allocation methodology approved by CMS in SPA 05-006. The cost reconciliation and settlement resulted in additional Medicaid reimbursement of \$946,937 which were exclusively federal funds reimbursed to 40 School Health Services Program Providers.

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 2008-09, \$375,075 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 2009-10.

Table 2
FY 2009-10 Medicaid Reimbursement to School Health Services Program Providers

School Health Services Program Provider	FY 2009-10 Medicaid (Interim Payment) Reimbursement	FY 2008-09 Cost Reconciliation Adjustment (Cost Settlement) Made in FY 2009-10 (1)	FY 2008-09 Medicaid Reimbursement (Withholding Refund) Paid in FY 2009-10 (2)	Total Medicaid Reimbursement Paid in FY 2009-10
ADAMS ARAPAHOE DIST 28J	\$1,205,214.24	(\$314,626.57)	\$42,331.97	\$932,919.64
ADAMS COUNTY SD 1	\$29,137.18	\$26,358.93	\$1,277.06	\$56,773.17
ADAMS COUNTY SD 12	\$310,366.33	\$316,393.41	\$7,517.67	\$634,277.41
ADAMS COUNTY SD 14	\$82,278.09	\$38,695.93	\$2,668.12	\$123,642.14
ADAMS COUNTY SD 27J	\$149,893.41	(\$49,944.90)	\$9,438.88	\$109,387.39
ADAMS COUNTY SD 50	\$82,490.58	\$186,187.45	\$1,662.78	\$270,340.81
ALAMOSA COUNTY SD 1	\$0.00	\$0.00	\$113.90	\$113.90
ARAPAHOE COUNTY SD 1	\$14,678.97	\$21,758.33	\$718.49	\$37,155.79
ARAPAHOE COUNTY SD 2	\$0.00	\$0.00	\$36.72	\$36.72
ARAPAHOE COUNTY SD 5	\$675,154.55	(\$136,961.73)	\$13,627.57	\$551,820.39
ARAPAHOE COUNTY SD 6	\$35,638.74	\$63,781.86	\$1,093.94	\$100,514.54
ARCHULETA COUNTY SD 50JT	\$29,967.24	(\$2,400.61)	\$1,749.91	\$29,316.54
BENT COUNTY SD 1	\$35,957.02	(\$31,483.93)	\$1,933.90	\$6,406.99
BENT COUNTY SD 2	\$0.00	\$0.00	\$39.65	\$39.65
BOULDER COUNTY SD 2	\$336,126.57	\$52,663.41	\$15,471.84	\$404,261.82
BOULDER COUNTY SD RE 1J	\$186,679.73	(\$115,753.19)	\$4,414.27	\$75,340.81
CENTENNIAL BOCES	\$24,489.81	\$18,751.11	\$487.48	\$43,728.40
CENTER CONSOLIDATED SD 26JT	\$0.00	\$0.00	\$88.06	\$88.06
CHAFFEE COUNTY SD R31	\$54,168.90	(\$22,071.64)	\$2,266.55	\$34,363.81
CHARTER SCHOOL INSTITUTE	\$0.00	\$0.00	\$34.82	\$34.82
CLEAR CREEK SD RE 1	\$14,851.39	(\$8,592.15)	\$387.63	\$6,646.87
COLORADO SCHOOL FOR THE DEAF AND BLIND	\$134,390.87	\$37,370.60	\$2,841.79	\$174,603.26
CONEJOS COUNTY SD 1	\$0.00	\$0.00	\$10.45	\$10.45
CONEJOS COUNTY SD 10	\$0.00	\$0.00	\$13.37	\$13.37
COSTILLA COUNTY SD 1	\$0.00	\$0.00	\$6.84	\$6.84
COSTILLA COUNTY SD 30	\$0.00	\$0.00	\$3.93	\$3.93
CROWLEY COUNTY SD 1J	\$21,802.11	(\$25,197.60)	\$1,488.76	(\$1,906.73)
DELTA COUNTY SD 50J	\$70,086.49	\$369.27	\$2,280.57	\$72,736.33
DENVER COUNTY SD	\$841,546.80	\$331,876.17	\$61,437.32	\$1,234,860.29
DOLORES COUNTY RE-2J	\$72.38	\$561.06	\$32.39	\$665.83
DOUGLAS COUNTY SD RE-1	\$238,220.09	(\$62,072.94)	\$13,820.14	\$189,967.29
EL PASO CONSOLIDATED SD 49	\$250,040.24	(\$107,455.42)	\$7,897.18	\$150,482.00
EL PASO COUNTY SD 11	\$243,716.66	\$41,897.93	\$9,006.44	\$294,621.03

School Health Services Program Provider	FY 2009-10 Medicaid (Interim Payment) Reimbursement	FY 2008-09 Cost Reconciliation Adjustment (Cost Settlement) Made in FY 2009-10 (1)	FY 2008-09 Medicaid Reimbursement (Withholding Refund) Paid in FY 2009-10 (2)	Total Medicaid Reimbursement Paid in FY 2009-10
EL PASO COUNTY SD 14	\$7,923.82	\$15,038.21	\$257.38	\$23,219.41
EL PASO COUNTY SD 2	\$38,140.97	\$80,641.32	\$1,719.78	\$120,502.07
EL PASO COUNTY SD 20	\$252,866.86	\$56,617.13	\$6,171.66	\$315,655.65
EL PASO COUNTY SD 3	\$71,642.81	\$100,710.21	\$2,146.12	\$174,499.14
EL PASO COUNTY SD 38	\$58,890.81	\$46,728.61	\$1,979.61	\$107,599.03
EL PASO SD 12	\$35,869.08	(\$40,267.35)	\$2,643.73	(\$1,754.54)
FREMONT COUNTY SD 1	\$189,728.31	(\$19,587.92)	\$5,534.55	\$175,674.94
GARFIELD COUNTY SD 1	\$105,342.63	(\$39,459.87)	\$2,366.65	\$68,249.41
GARFIELD COUNTY SD 16	\$6,042.67	\$2,199.21	\$92.55	\$8,334.43
GARFIELD SD RE-2	\$93,918.69	(\$40,714.40)	\$3,446.03	\$56,650.32
GUNNISON COUNTY SD 1J	\$31,748.65	\$1,622.48	\$1,513.36	\$34,884.49
JEFFERSON COUNTY SD	\$582,706.62	\$345,878.44	\$27,365.90	\$955,950.96
LA PLATA COUNTY SD 10JTR	\$3,421.57	\$10,057.70	\$269.54	\$13,748.81
LA PLATA COUNTY SD 11JT	\$5,151.11	\$2,167.08	\$630.78	\$7,948.97
LA PLATA COUNTY SD 9R	\$48,193.48	(\$77,306.95)	\$4,043.79	(\$25,069.68)
LAKE COUNTY SD R-1	\$6,844.62	\$4,737.87	\$307.00	\$11,889.49
LARIMER COUNTY SD 1	\$227,784.54	(\$100,839.62)	\$3,720.89	\$130,665.81
LARIMER COUNTY SD 3	\$131.36	\$2,106.90	\$43.10	\$2,281.36
LARIMER COUNTY SD R2J	\$235,034.20	(\$23,429.46)	\$7,858.98	\$219,463.72
LOGAN COUNTY SD 1	\$53,782.27	(\$22,907.14)	\$2,874.14	\$33,749.27
MESA COUNTY SD 50	\$0.00	(\$65.28)	\$43.30	(\$21.98)
MESA COUNTY SD 51	\$138,802.73	\$107,981.89	\$6,398.77	\$253,183.39
MOFFAT COUNTY SD	\$27,421.10	\$7,849.60	\$1,070.82	\$36,341.52
MONTEZUMA COUNTY SD 1	\$73,599.25	(\$44,762.08)	\$5,618.40	\$34,455.57
MONTEZUMA COUNTY SD 4A	\$15,855.09	(\$3,901.95)	\$1,029.72	\$12,982.86
MONTEZUMA COUNTY SD 6	\$13,990.31	(\$6,975.47)	\$633.07	\$7,647.91
MONTROSE COUNTY SD 2	\$8,602.46	\$4,264.01	\$402.29	\$13,268.76
MONTROSE COUNTY SD RE-1J	\$93,895.18	\$63,498.50	\$6,065.03	\$163,458.71
MORGAN COUNTY SD RE-3	\$0.00	\$0.00	\$111.10	\$111.10
MORGAN SD RE-2J	\$0.00	\$0.00	\$22.66	\$22.66
NORTHEAST BOCES	\$83,232.28	(\$65,383.43)	\$4,541.22	\$22,390.07
OTERO COUNTY SD 2	\$20,434.83	(\$5,615.34)	\$1,777.20	\$16,596.69
OTERO SD 1	\$86,310.76	(\$13,956.54)	\$4,734.36	\$77,088.58
OURAY COUNTY SD R2	\$10,534.53	\$3,512.23	\$472.11	\$14,518.87
PARK COUNTY SD 1	\$67,123.35	(\$5,384.93)	\$2,148.48	\$63,886.90
PIKES PEAK BOCES	\$166,850.89	\$29,247.95	\$1,464.46	\$197,563.30
PROWERS COUNTY SD 1	\$71.17	\$6,151.54	\$25.00	\$6,247.71

School Health Services Program Provider	FY 2009-10 Medicaid (Interim Payment) Reimbursement	FY 2008-09 Cost Reconciliation Adjustment (Cost Settlement) Made in FY 2009-10 (1)	FY 2008-09 Medicaid Reimbursement (Withholding Refund) Paid in FY 2009-10 (2)	Total Medicaid Reimbursement Paid in FY 2009-10
PROWERS COUNTY SD 13JT	\$0.00	\$9,845.08	\$28.24	\$9,873.32
PROWERS COUNTY SD 2	\$20,151.73	\$0.00	\$1,255.08	\$21,406.81
PROWERS COUNTY SD 3	\$4,054.09	(\$2,400.26)	\$206.60	\$1,860.43
PUEBLO SD 60	\$257,394.59	\$122,451.70	\$14,899.53	\$394,745.82
PUEBLO SD 70	\$525,066.78	(\$48,808.11)	\$16,283.69	\$492,542.36
RIO BLANCO COUNTY SD 1	\$2,908.37	\$6,110.73	\$76.64	\$9,095.74
RIO BLANCO COUNTY SD 4	\$10,593.68	(\$3,621.73)	\$481.53	\$7,453.48
RIO GRANDE COUNTY SD C-7	\$0.00	\$0.00	\$101.35	\$101.35
RIO GRANDE COUNTY SD C-8	\$0.00	\$0.00	\$10.58	\$10.58
ROUTT COUNTY SD 1	\$7,335.71	(\$9,313.39)	\$631.11	(\$1,346.57)
ROUTT COUNTY SD 2	\$17,959.26	(\$14,250.82)	\$1,416.31	\$5,124.75
ROUTT COUNTY SD 3	\$891.45	\$6,805.57	\$42.90	\$7,739.92
SAGUACHE COUNTY SD 2	\$0.00	\$0.00	\$14.56	\$14.56
SALIDA SD R 32 J	\$23,111.92	(\$24,109.57)	\$2,129.90	\$1,132.25
SAN LUIS VALLEY BOCES	\$0.00	\$0.00	\$384.54	\$384.54
TELLER COUNTY SD 2	\$48,353.60	\$87,685.20	\$1,192.81	\$137,231.61
TELLER COUNTY SD RE-1	\$6,794.65	\$18,539.59	\$254.57	\$25,588.81
WELD COUNTY SD 3	\$4,355.91	(\$1,154.99)	\$179.60	\$3,380.52
WELD COUNTY SD 6	\$449,164.37	\$257,024.56	\$11,220.78	\$717,409.71
WELD COUNTY SD RE-1	\$1,448.71	\$4,331.74	\$59.86	\$5,840.31
WELD COUNTY SD RE-4	\$109,269.51	(\$73,830.00)	\$4,554.75	\$39,994.26
WELD COUNTY SD RE-7	\$6,524.86	(\$1,484.76)	\$190.36	\$5,230.46
WELD COUNTY SD RE-8	\$22,789.68	(\$27,441.50)	\$1,715.68	(\$2,936.14)
TOTAL	\$9,447,026.26	\$946,936.97	\$375,074.89	\$10,769,038.12

(1) FY 2008-09 cost reconciliation and settlement paid to providers in FY 2009-10. In accordance with SPA 05-006, during the fiscal year providers are paid interim payments for claims submission associated with providing school health services. After the fiscal year ends, each provider completes a cost report documenting Medicaid allowable costs for delivering the services and certifying their public expenditures. The cost report reconciles the interim payments made to the provider against the actual costs. If interim payments made to the provider exceed the actual, certified costs of providing services, the provider must return the overpayment amount. If the provider's actual costs exceed the interim payment they will receive the federal share difference. In FY 2009-10, \$946,936.97 of the federal funds were paid to providers as part of the cost reconciliation and settlement.

(2) FY 2008-09 reimbursement originally withheld for administration costs and paid to providers in FY 2009-10. 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 2009-10, \$375,074.89 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 2009-10. Data Source: Colorado Financial Reporting System (COFRS).