



## COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

November 1, 2011

The Honorable Mary Hodge, Chairman  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Senator Hodge:

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 11 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 2010-11 Annual Report can be addressed to Shannon Huska, School Health Services Program Administrator. Her telephone number is 303-866-3131.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Susan Birch', is written over the word 'Sincerely,'.

Susan E. Birch MBA, BSN, RN  
Executive Director

SB:sh

Enclosure(s)

**Cc: Representative Cheri Gerou, Vice-Chairman, Joint Budget Committee**  
**Senator Pat Steadman, Joint Budget Committee**  
**Senator Kent Lambert, Joint Budget Committee**  
**Representative Jon Becker, Joint Budget Committee**  
**Representative Mark Ferrandino, Joint Budget Committee**  
**Senator Brandon Shaffer, President of the Senate**  
**Senator John Morse, Senate Majority Leader**  
**Senator Mike Kopp, Senate Minority Leader**  
**Representative Frank McNulty, Speaker of the House**  
**Representative Amy Stephens, House Majority Leader**  
**Representative Sal Pace, House Minority Leader**  
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**Lorez Meinhold, Deputy Policy Director, Governor's Office**  
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**DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
FINANCIAL & ADMINISTRATIVE SERVICES OFFICE**

**REPORT TO THE JOINT BUDGET COMMITTEE**

**SCHOOL HEALTH SERVICES PROGRAM  
FY 2010-11 ANNUAL REPORT**

**NOVEMBER 1, 2011**

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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 11. 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 11 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 2010-11, 11,310 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**

For FY 2009-10, 74 School Health Services Program Providers received Medicaid reimbursement totaling \$11,652,788. Since its inception in 1997, through FY 2010-11, the School Health Services Program has allowed providers to be reimbursed more than \$116 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 11, 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. (2011), 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. Since its inception in 1997, through FY

2010-11, the School Health Services Program has allowed the State to reimburse providers more than \$116 million<sup>1</sup> in federal funds. Program funds have been expended to deliver services in the areas of greatest need to:

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

During FY 2010-11, 64 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 have been decreasing since FY 2008-09. Also, the increased administrative responsibilities due to the federal compliance requirements 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. For FY 2009-10 64 providers were reimbursed a total of \$11,652,788 for direct service, Targeted Case Management (TCM) and Medicaid Administrative Claiming (MAC). For FY 2010-11 they have received interim payments in the amount of \$5,594,916 for direct service and TCM and \$1,052,451 for MAC.

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<sup>1</sup> Data Source: Colorado Financial Reporting System (COFRS), historical Schedule 3 reports. This figure represents School Health Services Program total expenditures, excluding administration, from its inception as reported on Schedule 3 reports. Department of Health Care Policy and Financing, September 30, 2011.

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 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 2010-11 for FY 2009-10 caused a total negative reimbursement for some School Health Services Program Providers, as these providers were overpaid beyond the approved definition of costs in the prior fiscal year. The Department took action and worked with the affected providers to lower future interim payments to reduce this impact for FY 2010-11.

In the spring of 2011 the Department took further action to minimize overpayment to providers in the future. Through research, the Department developed a process that will not alter the federally approved cost reimbursement methodology but will minimize any future overpayments made through the interim payment process. Beginning with FY 2011-12, interim payments associated with claims submissions will be based on a monthly rate rather than procedure code specific rates. The Department will utilize an interim payment methodology based on historical costs. Under the interim payment methodology, SHS providers will receive payments on a monthly basis based off their total costs identified in the approved cost report from prior years. Additionally quarterly financial reporting will be required by all providers beginning FY 2011-12 to allow the Department to monitor providers costs mid-year and adjust interim payments as necessary.

Furthermore, the Department received federal approval to implement MAC in FY 2010-11, effective retroactively to October 2009. 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. MAC reimbursements are made quarterly through a claim that consists of payroll costs for staff that provide direct medical or health related services (Direct Services), administrative and outreach activities. As school staff work with students on a daily basis, they are uniquely positioned to assist in enrollment of eligible students in Medicaid, to assist them in receiving the medical services and supporting administrative and outreach services they require, and to provide medically-necessary services. These administrative services form the basis for the MAC Program. MAC allowable activities include: Facilitating Medicaid Outreach, Facilitating Medicaid Eligibility Determination, Translation Related to Medicaid Services, Medical Program Planning, Policy Development and Interagency Coordination, Medical/Medicaid Related Professional Development and Training, Referral, Coordination and Monitoring of Medicaid Services. As detailed in Table 1, for FY 2009-10 three quarters were eligible for MAC reimbursement, 34 school districts participated in MAC for reimbursement totaling \$990,747. In



FY 2010-11, 37 school districts participated in MAC; reimbursements received totaled \$1,052,451 for payments through the end of the third quarter.

**Table 1**  
**FY 2009-10 Medicaid Administrative Claiming Payments**

School Health Service Program Provider	FY 2009-10 MAC Payments October - December 2009 Quarter	FY 2009-10 MAC Payments January - March 2010 Quarter	FY 2009-10 MAC Payments April - June 2010 Quarter	FY 2009-10 Total MAC Payments	FY 2010-11 MAC Payments as of September 16, 2011
Adams Arapahoe SD # 28J	\$43,882	\$29,680	\$30,964	\$104,526	\$88,258
Adams County SD # 14	\$3,221	\$4,099	\$3,871	\$11,192	*
Adams County SD # 27J	\$28,091	\$19,185	\$12,311	\$59,588	\$41,650
Adams County SD # 50	\$2,411	\$3,899	\$3,470	\$9,780	\$8,068
Adams County SD #12	\$15,085	\$15,722	\$12,896	\$43,702	\$27,424
Adams County SD 1	\$1,263	\$1,200	\$1,270	\$3,734	*
Arapahoe County SD # 5	\$14,700	\$15,568	\$13,738	\$44,006	\$72,366
Arapahoe County SD # 6	*	*	*	*	\$2,675
Bent County SD # 1	\$1,812	\$1,957	\$2,260	\$6,029	\$4,442
Boulder County SD # 2	\$49,536	\$36,530	\$37,652	\$123,718	\$132,133
Boulder County SD RE-1J	\$9,883	\$9,394	\$7,038	\$26,314	\$18,288
Chaffee County SD #32	*	*	*	*	\$923
Colorado School for the Deaf and Blind	\$5,150	\$7,372	\$5,771	\$18,294	\$17,761
Delta County Joint SD 50J	\$1,015	\$1,098	\$1,017	\$3,130	\$4,586
Denver County SD # 1	\$47,416	\$43,051	\$47,515	\$137,982	\$164,538
Douglas County SD #1	\$33,036	\$23,346	\$25,187	\$81,570	\$68,751
El Paso Consolidated SD # 49	\$1,662	\$5,989	\$6,125	\$13,776	\$22,112
El Paso County SD # 2	\$2,581	\$2,166	\$2,400	\$7,146	\$9,673
El Paso County SD # 20	\$12,551	\$8,745	\$8,928	\$30,224	\$40,877
El Paso County SD # 3	\$2,551	\$2,301	\$2,284	\$7,136	\$9,075
El Paso County SD # 38	\$2,433	\$1,657	\$1,813	\$5,903	\$6,478
Garfield County SD RE-1	\$8,064	\$6,073	\$6,683	\$20,820	\$30,867
Garfield County SD RE-2	\$2,823	\$2,871	\$3,163	\$8,858	\$9,841

School Health Service Program Provider	FY 2009-10 MAC Payments October - December 2009 Quarter	FY 2009-10 MAC Payments January - March 2010 Quarter	FY 2009-10 MAC Payments April - June 2010 Quarter	FY 2009-10 Total MAC Payments	FY 2010-11 MAC Payments as of September 16, 2011
Jefferson County Public Schools	\$17,579	\$27,237	\$27,581	\$72,397	\$106,168
La Plata County SD # 9-R	*	*	*	*	\$2,793
Lake County SD R-1	\$1,720	\$324	\$239	\$2,284	\$1,330
Larimer County SD # 1	\$2,587	\$8,338	\$7,809	\$18,734	*
Logan County SD # 1	\$4,815	\$4,651	\$6,025	\$15,490	\$9,185
Mesa County SD # 51	\$5,380	\$13,356	\$24,815	\$43,552	\$60,515
Montezuma County SD # RE-4A	\$950	\$612	\$615	\$2,178	\$2,758
Northeast BOCES	\$780	\$1,249	\$1,006	\$3,035	\$4,935
Ouray County SD # R2	\$89	\$527	\$638	\$1,254	\$2,433
Pikes Peak BOCES	\$1,136	\$1,047	\$1,563	\$3,746	\$11,338
Pueblo SD # 60	\$3,454	\$4,794	\$4,187	\$12,435	\$18,834
Pueblo SD # 70	\$3,541	\$5,180	\$4,525	\$13,247	\$16,885
Rangely SD RE4	\$129	\$599	\$822	\$1,550	\$196
Routt County SD # 2	*	*	*	*	\$825
Teller County SD # 2	*	*	*	*	\$1,898
Weld County SD #6	\$13,024	\$10,475	\$9,921	\$33,420	\$26,481
Weld County SD RE-4	*	*	*	*	\$5,090
<b>Total</b>	<b>\$344,352</b>	<b>\$320,294</b>	<b>\$326,102</b>	<b>\$990,747</b>	<b>\$1,052,451</b>

\* Provider did not participate in MAC during this time period

## RESPONSE TO LEGISLATIVE REQUEST FOR INFORMATION 11

### 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 Social Security Act) and as described in the Code of Colorado Regulations, 10 CCR 2505-10. School Health 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<sup>2</sup>.

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.

School districts received Medicaid reimbursement for providing medical services, Targeted Case Management and Specialized Non-Emergency Transportation to 11,296 Medicaid eligible clients during FY 2010-11. Table 2 summarizes the type of services for which districts received Medicaid reimbursement in FY 2010-11 and the number of unique clients that received each service. From the prior fiscal year, the number of children receiving Medicaid services decreased by 904. Of the service categories reported in Table 2, Speech Therapy services were the most utilized by clients. Speech Therapy services were provided and reimbursed for 7,007 clients. The

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<sup>2</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.

<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.

client total for Speech Therapy services is an increase of 49 clients from FY 2009-10. Occupational Therapy services had the second highest utilization total for clients in FY 2010-11 with 3,068 clients being served. Targeted Case Management decreased from FY 2009-10 by 360 clients due to increased administrative tasks associated with providing the service as mandated by CMS in the revised SPA 05-006.

**Table 2**  
**FY 2010-11 Unique Clients Served by Medicaid Reimbursed Service**

Medicaid Reimbursed Service	Unique Clients Served
Audiology	42
Behavioral Health Counseling and Therapy	719
Behavioral Health Evaluation	161
Speech Therapy	7,007
Speech/Hearing Evaluation	1,213
Nursing Aide Services	1,040
Nursing Evaluation	811
Nursing Services	359
Occupational Therapy	3,068
Occupational Therapy Evaluation	596
Personal Care Services	2,055
Physical Therapy	1,402
Physical Therapy Evaluation	256
Motor Therapy - Orientation and Mobility	69
<b>Total Clients - Direct Services</b>	<b>10,819</b>
<b>Targeted Case Management</b>	<b>1,441</b>
<b>Transportation</b>	<b>1,864</b>
<b>Total Clients - All Services</b>	<b>11,310</b>
<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 29, 2011.</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 3, during FY 2009-10, 74 School Health Services Program Providers received Medicaid reimbursement totaling \$10,662,041 for direct service and Targeted Case Management. Additionally, as noted in Table 1, providers received \$990,747 in MAC payments in FY 2009-10, and \$1,052,451 in MAC payments for FY 2010-11 to date.

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 2010-11, claims submitted for Medicaid services by 64 School Health Services Program Providers resulted in interim payments and Medicaid reimbursement of \$5,594,916 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 2009-10 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 \$749,461 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. In FY 2010-11, \$992,523 was retained by the program to cover administration costs.

**Table 3**  
**FY 2009-10 Medicaid Reimbursement to School Health Services Program Providers**

School Health Service Program Provider	FY 2009-10 Medicaid Interim Payments	FY 2009-10 Cost Reconciliation Adjustment <sup>1</sup>	Total Medicaid Reimbursement Paid for FY 2009-10	FY 2010-11 Medicaid Interim Payments
Adams Arapahoe SD # 28J	\$1,293,845	(\$205,519)	\$1,088,326	\$679,951
Adams County SD # 14	\$69,985	\$85,200	\$155,185	*
Adams County SD # 27J	\$105,986	\$165,761	\$271,748	\$135,033
Adams County SD # 50	\$94,097	\$89,414	\$183,512	\$153,082
Adams County SD #12	\$295,227	\$320,669	\$615,897	\$312,860
Adams County SD 1	\$28,242	(\$1,071)	\$27,171	*
Arapahoe County SD # 1	\$16,796	\$32,280	\$49,076	*
Arapahoe County SD # 5	\$814,392	(\$249,269)	\$565,123	\$478,287
Arapahoe County SD # 6	\$37,708	\$35,874	\$73,581	\$83,607
Archuleta County SD # 50JT	\$31,868	\$35,708	\$67,576	\$15,342
Bent County SD # 1	\$38,885	(\$24,853)	\$14,032	\$4,256
Boulder County SD # 2	\$459,138	\$269,150	\$728,288	\$385,826
Boulder County SD RE-1J	\$159,876	\$38,124	\$198,000	\$79,012
Centennial BOCES	\$33,032	\$34,266	\$67,298	*
Chaffee County SD #32	\$21,021	\$10,671	\$31,692	\$8,089
Chaffee County SD R-31	\$46,652	(\$7,021)	\$39,631	\$6,747
Clear Creek County SD #1	\$13,506	(\$1,001)	\$12,505	\$1,088
Colorado School for the Deaf and Blind	\$142,491	\$36,502	\$178,993	\$116,605
Crowley County SD RE-1J	\$23,998	(\$7,919)	\$16,079	*
Delta County Joint SD 50J	\$81,347	(\$18,802)	\$62,545	\$43,634
Denver County SD # 1	\$900,673	\$308,662	\$1,209,335	\$798,340
Dolores County SD RE-2J	\$72	\$345	\$418	*
Douglas County SD #1	\$320,224	\$52,976	\$373,200	\$137,678
El Paso Consolidated SD # 49	\$211,897	\$72,759	\$284,657	\$81,114
El Paso County SD # 11	\$245,258	(\$48,232)	\$197,026	\$111,610
El Paso County SD # 12	\$41,637	\$4,654	\$46,290	\$9,925
El Paso County SD # 14	\$7,910	\$36,643	\$44,553	\$4,369
El Paso County SD # 2	\$55,175	\$28,564	\$83,739	\$49,299
El Paso County SD # 20	\$222,496	(\$40,706)	\$181,790	\$94,095
El Paso County SD # 3	\$55,717	\$47,289	\$103,006	\$52,374
El Paso County SD # 38	\$54,645	\$12,557	\$67,203	\$41,123

School Health Service Program Provider	FY 2009-10 Medicaid Interim Payments	FY 2009-10 Cost Reconciliation Adjustment <sup>1</sup>	Total Medicaid Reimbursement Paid for FY 2009-10	FY 2010-11 Medicaid Interim Payments
Fremont County SD # 1	\$198,591	(\$68,912)	\$129,679	\$51,984
Garfield County SD # 16	\$7,343	\$33	\$7,375	\$37
Garfield County SD RE-1	\$111,673	(\$51,076)	\$60,597	\$15,913
Garfield County SD RE-2	\$93,919	(\$32,380)	\$61,539	\$45,215
Gunnison County SD # 1J	\$37,932	(\$23,480)	\$14,451	\$7,555
Jefferson County Public Schools	\$581,930	\$322,369	\$904,299	\$423,067
La Plata County SD # 10JT-R	\$3,336	\$8,034	\$11,370	\$1,090
La Plata County SD # 11JT	\$3,682	\$15,652	\$19,335	\$1,868
La Plata County SD # 9-R	\$32,276	\$32,859	\$65,136	\$3,496
Lake County SD R-1	\$6,565	\$1,031	\$7,596	\$4,996
Larimer County SD # 1	\$196,127	(\$74,075)	\$122,052	*
Larimer County SD #2J	\$215,065	(\$26,553)	\$188,513	\$66,390
Logan County SD # 1	\$61,864	(\$11,873)	\$49,991	\$8,418
Mesa County SD # 51	\$136,562	\$129,492	\$266,054	\$236,401
Moffat County SD #1	\$31,928	(\$8,996)	\$22,932	\$8,750
Montezuma County SD # 1	\$78,406	(\$13,979)	\$64,427	\$17,652
County of Montezuma	\$16,490	\$19,915	\$36,406	\$4,535
Montezuma County SD # RE-4A	\$22,811	(\$5,954)	\$16,857	\$5,820
Montrose County SD # 2	\$10,298	\$3,292	\$13,590	\$1,692
Montrose County SD RE-1J	\$79,469	(\$31,798)	\$47,671	\$98,615
Northeast Colorado BOCES	\$86,607	(\$36,955)	\$49,652	\$27,075
Otero County SD # 1	\$95,531	(\$22,197)	\$73,335	\$9,864
Otero County SD # 2	\$23,317	(\$12,757)	\$10,560	\$12,585
Ouray County SD # R2	\$12,219	(\$8,599)	\$3,620	\$2,228
Park County SD # 1	\$75,685	(\$44,862)	\$30,823	\$28,135
Pikes Peak BOCES	\$211,432	(\$142,095)	\$69,337	\$62,393
Prowers County SD # 2	\$17,583	\$50,165	\$67,748	\$23,557
Prowers County SD # 3	\$6,349	(\$5,352)	\$997	\$1,283
Pueblo SD # 60	\$273,358	\$57,573	\$330,931	\$127,819
Pueblo SD # 70	\$537,875	(\$235,904)	\$301,971	\$128,558
Rangely SD RE4	\$10,172	(\$5,411)	\$4,761	\$1,673
Rio Blanco County SD #1	\$3,500	\$3,917	\$7,417	\$237
Routt County SD # 1	\$5,916	(\$3,619)	\$2,297	*
Routt County SD # 2	\$13,147	\$11,291	\$24,438	\$5,495
Routt SD # 3	\$939	\$803	\$1,742	\$1,336
Teller County SD # 2	\$49,367	\$27,578	\$76,945	\$25,870
Teller County SD RE-1	\$5,429	\$2,535	\$7,964	\$1,949

School Health Service Program Provider	FY 2009-10 Medicaid Interim Payments	FY 2009-10 Cost Reconciliation Adjustment <sup>1</sup>	Total Medicaid Reimbursement Paid for FY 2009-10	FY 2010-11 Medicaid Interim Payments
Weld County SD # 7	\$6,857	(\$4,527)	\$2,330	*
Weld County SD #3	\$2,863	\$8,174	\$11,038	\$316
Weld County SD #6	\$489,673	(\$129,566)	\$360,107	\$215,778
Weld County SD RE-1	\$1,612	\$10,824	\$12,436	*
Weld County SD RE-4	\$120,934	(\$75,481)	\$45,453	\$24,759
Weld County SD RE-8	\$12,148	\$6,646	\$18,794	\$7,165
<b>Total</b>	<b>\$9,912,580</b>	<b>\$749,461</b>	<b>\$10,662,041</b>	<b>\$5,594,916</b>

\* Providers that are not participating in the program in FY 2010-11

(1) FY 2009-10 cost reconciliation and settlement paid to providers in FY 2010-11. 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 2010-11, \$749,461 of the federal funds were paid to providers as part of the cost reconciliation and settlement.