LRFI #4 Public School Health Services

FY 2025-26

Nov. 1, 2025

Submitted to: The Joint Budget Committee

COLORADO
Department of Health Care Policy & Financing

Contents

COLORADO
Department of Health Care Policy & Financing

Legislative Request for Information 4 states:

> *Department of Health Care Policy and Financing, Other Medical Services, 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 the S.B. 97-101 public school health services program. The report is requested to include information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars that were distributed to each school under the program. The report should also include information on how many children were served by the program.*

Executive Summary

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 4. 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 enrolled student, some of these services qualify for federal Medicaid reimbursement dollars. The School Health Services Program administered by the Department of Health Care Policy & Financing (HCPF) allows Colorado public school districts, Boards of Cooperative Education Services (BOCES), and the Colorado School for the Deaf and the Blind (hereinafter collectively referred to as School Health Services Program Providers, or providers) to access such federal Medicaid funds.[1] Individual providers do not receive funding through the School Health Services Program.

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 members as prescribed in the member's Individual Education Program (IEP) or Individualized Family Service Plan (IFSP). Beginning October 1, 2020, the School Health Services Program expanded and covered Medicaid enrolled students that have other medical plans of care (outside IEPs/IFSPs) where medical necessity has been established. Covered services may include direct medical services, including rehabilitative therapies, Early and

[1] There are two programs under HCPF's purview that provide funds for health services provided to students: the School Health Services Program and the School-Based Health Center Program. The programs differ in that the School Health Services program provides health services as required in a child's Individual Education Program (IEP), Individualized Family Services Plan (IFSP), or other medical plans of care, and the School Based Health Center Program provides primary care and mental health services. A more in-depth explanation of the two programs is on page 4 of this report.

Periodic Screening, Diagnostic and Treatment (EPSDT) services, and specialized non-emergency transportation services.

During FY 2023-24, 26,700 enrolled children with an IEP, IFSP, or other medical plans of care received school health services reimbursed through Medicaid. In FY 2024-25, 27,052 enrolled children with an IEP, IFSP, or other medical plans of care, received school health services reimbursed through Medicaid. Medicaid member participation in the School Health Services program 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 member for services. The member's IEP, IFSP, or other medical plans of care, when developed according to the Colorado Department of Education procedures, serves as authorizing documents. HCPF provides technical assistance and oversight monitoring to ensure providers comply with the requirement.

Federal Dollars Distribution to School Districts

For FY 2023-24, 59 School Health Services Program Providers received Medicaid reimbursement totaling $90,311,839. Because 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 primary and preventive health services to Colorado's public school children identified and specified under the providers' Local Services Plan (LSP). The LSP written by the school district, with community input, describes the type and cost of services to be provided with the funds. In FY 2023-24, the most common area to use the funds, according to provider LSPs, was to fund additional nursing services and mental health for all students.

Background Information

There are two programs under HCPF's purview that provide funds for health services provided to students: the School-Based Health Center Program and the School Health Services Program. This report pertains to the School Health Services Program.

School-Based Health Center Program

The School-Based Health Center Program was created in 1987 to assist in the establishment, expansion, and ongoing operations of school-based health centers (SBHCs) in Colorado. SBHCs are clinics operated within a public school, charter school, or state-sanctioned General

Educational Development (GED) building that provide primary health care and mental health services that complement services provided by school nurses.

Establishing a school-based health center is a community-driven process that requires multiple partnerships - between school districts, the medical and mental health communities and local and state funders - to be effective. The Colorado Department of Public Health & Environment does not run these clinics, but rather sets standards and provides some funding. SBHCs that enroll as Medicaid or Child Health Plan Plus (CHP+) providers receive reimbursement from HCPF for their Medicaid claims and through CHP+ managed care organizations for their CHP+ services.

School Health Services Program

The School Health Services (SHS) Program was established in 1997 via SB 97-101 and allows School Health Services Program Providers to receive federal Medicaid funds for amounts spent providing health services to students who are Medicaid enrolled and have an IEP or IFSP. Starting October 1, 2020, the SHS Program expanded and allows providers to also receive federal Medicaid funds for providing services to Medicaid enrolled students who have other medical plans of care where medical necessity has been established. Health services required in a child's IEP or IFSP are not covered by the SBHC Program, which provides primary health care and mental health services. In addition, SHS Program Providers may receive reimbursement for Medicaid administrative activities that directly support efforts to identify and enroll potentially eligible children and their families into Medicaid.

The SHS Program Providers incur the original expenditures using local tax dollars or appropriated General Fund; HCPF draws federal matching Medicaid funds through the certification of public expenditures (CPE) mechanism. To draw federal Medicaid funds through CPEs, SHS Program Providers must participate in a federally-approved quarterly time study and submit quarterly and annual cost reports.

Under Colorado statute, SHS Program Providers are required to use the Medicaid funds received for health services for all students. Each participating SHS Program Provider must develop an LSP with community input to identify the types of health services needed by its students and must submit an annual report that describes exactly how the Medicaid revenue was spent in accordance with its LSP.

The SHS Program is administered jointly by HCPF and Colorado Department of Education. HCPF draws and disburses the federal Medicaid funds, conducts the federally-approved time study, administers the quarterly and annual cost report and certification processes, and conducts comprehensive reviews to ensure compliance with federal requirements. The Department of

Education provides technical assistance related to the development of LSPs and annual reports and reviews and approves LSPs.

SHS Program Overview

The SHS Program delivers 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 LSP, school districts address some of the health care needs unique to their communities.

Additionally, the SHS Program improves learning environments by providing students increased access to health care services and improving the quality of school health services. Program funds are 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 2024-25 62 school districts or BOCES contracted with HCPF to receive Medicaid reimbursement for providing school health services to eligible members. Other school districts, choosing not to contract with or bill HCPF 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 HCPF, 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.

Under HCPF's approved Medicaid State Plan, all SHS 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. 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 HCPF.

For FY 2023-24, 59 providers were reimbursed a total of $90,311,839 for direct services and Medicaid Administrative Claiming (MAC).

During FY 2023-24, these funds were used to provide additional health services to all students in the participating districts. The most common areas that were funded statewide through school districts' LSPs were nursing services at $30,052,365; mental health services at $16,873,237; and special service providers spending at $11,177,308.

For FY 2024-25, these providers have received interim payments in the amount of $68,952,610 for direct services and for three quarters of MAC payments a total of $11,219,412.

Prior to receiving a final payment based on the actual cost incurred for providing Medicaid services, SHS Program Providers submit claims and receive interim payments for providing services to eligible members. 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 SHS Program Providers during the fiscal year against actual costs. If a provider's interim payments exceed the actual, certified costs of providing School Health Services, the provider must return the overpayment amount to HCPF. If the provider's actual costs exceed the interim payments they received, then HCPF pays the federal share difference to the provider. This cost reconciliation and settlement process is based on a cost allocation methodology approved by the Centers for Medicare and Medicaid Services (CMS). The cost reconciliation and settlement that most recently occurred was in FY 2024-25 for FY 2023-24.

In addition, HCPF reimburses for administrative claiming to SHS 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, 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 2023-24, four quarters were eligible for MAC reimbursement, and 59 school districts participated in MAC for reimbursement totaling $7,937,131. In FY 2024-25,

62 SHS Providers participated in MAC; reimbursements received totaled $11,219,412 for payments through the end of the third quarter.

Table 1 - Medicaid Administrative Claiming Net Federal Reimbursement

School Health Services Program Providers	FY 2023-24 Total MAC Net Federal Reimbursement	FY 2024-25 MAC Net Federal Reimbursement Three Quarters (July 2024-March 2025)
Adams 12 Five Star Schools	$834,742	$949,688
Adams Arapahoe SD #28J	$826,531	$1,040,804
Adams County SD #14	$71,593	$122,583
Alamosa School District RE-11J	$33,149	$178,653
Arapahoe County SD #2	$19,711	$75,188
Arapahoe County SD #6	$53,878	$83,135
Boulder County SD #2	$171,188	$75,433
Buena Vista SD R31	$6,765	$35,966
Cherry Creek SD #5	$434,282	$21,936
Colorado School for the Deaf and Blind	$67,883	$292,086
Colorado Springs SD 11	$194,451	$12,873
Counties of Adams & Weld SD 27J	$95,294	$819,127
Counties of Archuleta & Hinsdale District JT	$11,695	$15,254
County of Fremont RE2	$27,798	$321,115
Delta County Joint SD 50J	$26,591	$88,474
Denver County SD 1	$789,277	$44,996
Dolores RE4A	$3,960	$366,035
Douglas County 1	$200,155	$41,702
Eagle County RE50J SD	$48,344	$2,921
El Paso Colorado School District 49	$289,766	$305,243
El Paso County SD #12	$7,792	$41,655
El Paso County SD #14	$21,594	$67,620
El Paso County SD #2	$164,809	$32,402

School Health Services Program Providers	FY 2023-24 Total MAC Net Federal Reimbursement	FY 2024-25 MAC Net Federal Reimbursement Three Quarters (July 2024-March 2025)
El Paso County SD #20	$38,907	$315,036
El Paso County SD #3	$122,788	$199,499
El Paso County SD #38	$11,799	$19,743
Englewood	$57,140	$24,286
Garfield County SD 16	$7,791	$130,517
Garfield County SD RE2	$37,503	$11,646
Gunnison Watershed SD	$4,387	$55,192
Jefferson County Public Schools	$673,834	$7,974
La Plata County SD #10JT-R	$6,725	$852,755
La Plata County SD #9-R	$25,728	$17,877
Lake County SD #10JT-R	$8,678	$13,931
Lamar SD RE2	$29,290	$36,558
Mapleton SD 1	$133,606	$154,774
Mesa County Valley SD 51	$535,272	$703,698
Montezuma Cortez	$13,295	$26,831
Montrose County SD RE-1J	$36,094	$73,440
Otero County SD #1	$18,219	$17,852
Otero County SD #2	$6,949	$8,703
Park County RE2	$21,027	$68,900
Pikes Peak BOCES	$40,663	$380,919
Platte Canyon SD 1	$2,641	$128,933
Poudre R1	$284,465	$10,699
Pueblo County SD #70	$108,494	$97,807

School Health Services Program Providers	FY 2023-24 Total MAC Net Federal Reimbursement	FY 2024-25 MAC Net Federal Reimbursement Three Quarters (July 2024-March 2025)
Pueblo SD #60	$272,788	$13,928
Rio Blanco BOCES	$11,123	$31,477
Roaring Fork SD	$133,347	$21,272
Salida SD R-32-J	$24,638	$56,725
San Juan BOCES	$13,951	$52,004
San Luis Valley BOCES	$44,988	$1,413,235
School District Fremont RE-1	$25,883	$58,050
South Central BOCES	N/A*	$20,713
St Vrain Valley RE 1J	$212,586	$334,723
Teller County SD #1	$4,183	$6,587
Thompson SD #2J	$277,967	$260,324
Weld County SD 3	N/A*	$46,053
Weld County SD 5	N/A*	$15,683
Weld County SD 6	$159,809	$299,289
Westminster SD	$100,684	$168,373
Woodland Park SD	$28,638	$28,512
Grand Total	**$7,937,131**	**$11,219,412**

*Not available (N/A) indicates that a provider did not participate in the School Health Services Program at this time.

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 enrolled student, some of

these services qualify for Medicaid reimbursement.

SHS Program Providers can receive reimbursement from Medicaid for delivering services to Medicaid members 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, Section 8.290. School Health Services may include direct services that are covered under the EPSDT benefit, including rehabilitative therapies and specialized non-emergency transportation services. SHS Program Providers must provide services that are medically necessary and provided to members as prescribed in the member's IEP, IFSP[2], or other medical plan of care where medical necessity has been established.

The October 1, 2020, expansion included Medicaid reimbursement for services on other medical plans of care beyond IEP and IFSP services for SHS Program Providers. Other medical plans of care such as health care plans and behavior plans may cover services for the general student population. This expansion meant that Medicaid reimbursement is received by SHS Program Providers for the general student population in addition to the Medicaid reimbursement already received for the special education student population.

Under EPSDT[3], 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 members 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 student's IEP or IFSP is received. Specialized non-emergency transportation is provided to and from a student's

[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.

place of residence and the school or the site of a Medicaid reimbursable service, if the service is not provided at the school.

School districts received Medicaid reimbursement for providing medical services and specialized non-emergency transportation to 26,700 Medicaid members in FY 2023-24 and 27,052 Medicaid members in FY 2024-25. Table 2 summarizes the type of services for which districts received Medicaid reimbursement in FY 2023-24 and FY 2024-25, and the number of unique members who received each service. It is important to note that as of FY 2024-25, 62 providers participated in the SHS Program, accounting for over 88% of the total student population in the state of Colorado.

Table 2 - Unique Members Served by Medicaid Reimbursed Service

Medicaid Reimbursed Service	Unique Members Served FY 2023-24	Unique Members Served FY 2024-25
Speech, Language, and Hearing	20,487	20,497
Physical Therapy	1,825	1,862
Personal Care	5,080	5,447
Occupational Therapy	7,159	7,188
Nursing	413	452
Psychology, Counseling, and Social Work	7,675	8,110
Transportation	2,222	2,380
Total Members - All Services	**26,700[4]**	**27,052[4]**

Senate Bill (SB) 23-174 requires HCPF to report the utilization of services, by code, and any differences in utilization within the School Health Services Program on or before November 1, 2025, and on or before November 1 each year thereafter for codes added as a result of SB 23-174. School Health Services Program providers are required to submit claims, but receive reimbursement through the annual and quarterly cost reporting process including participation in a quarterly time study. Table 3 lists the number of students who only had claims submissions for procedure codes added as a result of SB 23-174. Only procedure codes claimed for the School Health Services Program are listed in Table 3. The Behavioral Health

[4] Total Clients–Direct Services, 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 two months after the end of the fiscal year have been included. Data Source: Medicaid paid claims from Colorado Conduent EDW/BIDM. Financial Reporting & Analysis Unit, Department of Health Care Policy and Financing. September 9, 2024 for FY 2023-24 data and August 18, 2025 for FY 2024-25 data.

Counseling/Therapy Alcohol/Drug procedure code, H0004, was included in the School Health Services Program before the implementation of SB23-174 so no unique students were added as a result of that procedure code. Total utilization for H0004 can be found in Table 4.

Table 3 - Unique Student Count for SB 23-174 codes

Procedure Code	Unique student count FY 2024-25
90832, Psychotherapy with member, 30 mins	21
90834, Psychotherapy with member, 45 mins	3
90853, Group psychotherapy	30
90875, Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 30 min	16
H2014, Skills training and development, per 15 mins	27
Total	**90**[5]

Table 4 includes the total number of claims for all students in the School Health Services Program for procedure codes added as a result of SB23-174 compared to the total utilization. All services are required in IEPs or other medical plans of care where medical necessity has been established. Not all procedure codes added as a result of SB 23-174 were utilized by students in the School Health Services Program. For example procedure codes 90846 for Family psychotherapy without member present and 90849 for Multiple-family Group psychotherapy were not identified in claims submissions. Only procedure codes claimed for the School Health Services Program are listed in Table 4. Over 31% of claims overall were for the School Health Services Program.

Table 4, Behavioral Health Utilization Comparison for SB 23-174 codes

Procedure Code	Total SHS Utilization for SB 23-174 codes Three Quarters (July 2024 - March 2025)	Total Behavioral Health Utilization for SB 23-174 codes Three Quarters (July 2024 - March 2025)
90832, Psychotherapy with member, 30 mins	257	710
90834, Psychotherapy with member, 45 mins	24	888
90837, Psychotherapy with member, 60 mins	6	5,648
90847, Family psychotherapy with member present	4	327
90853, Group psychotherapy	978	1,081

[5] Unique student counts are unduplicated student counts for each respective procedure code. Totals are not the sum of all procedure codes.

90875, Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 30 min	471	471
90876, Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 45 min	17	23
H0004, Behavioral Health Counseling/Therapy Alcohol/Drug	4,786	6,918
H2014, Skills training and development, per 15 mins	1,152	8,209
Total	**7,695**	**24,275**

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 SHS 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 member for services. The member's IEP, IFSP, or other medical plan of care, 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 HCPF ensure that district providers comply with Medicaid requirements.

Federal Dollars Distribution to School Districts

As detailed in Table 5, during FY 2023-24, 59 SHS Program Providers received Medicaid reimbursement totaling $82,374,708 for direct services and transportation. Additionally, as noted in Table 1, providers received $7,937,131 in MAC payments in FY 2023-24, and $11,219,412 in MAC payments for FY 2024- 25 through three quarters – July 2024 – March 2025.

In FY 2024-25, claims submitted for Medicaid services by 62 SHS Program Providers resulted in interim payments and Medicaid reimbursement of $68,952,610, which were exclusively federal funds. Because 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 SHS Program can retain up to 10% of the federal funds to cover HCPF's and the Colorado Department of Education's administration costs. At the start of FY 2019-20, HCPF was able to reduce the withhold to two and a half percent. In FY 2024-25, HCPF retained $2,391,967.61 to cover administration costs. In addition, with the passing of SB 21-213, to date, HCPF was able to retain $6,037,313 in FY 2020-21, $7,168,148 in FY 2021-22, $8,202,410 in FY 2022-23, $4,967,730 in FY 2023-24, and $593,427 in FY 2024-25 for General Fund offset. These funds were a result of the increased federal matching percentage in conjunction with the Families First Coronavirus Response Act.

Table 5 - Net Federal Medicaid Reimbursement to School Health Services Program

School Health Services Program Providers	Total Net Federal Medicaid Reimbursement for FY 2023-24	FY 2024-25 Net Federal Medicaid Interim Payments
Adams 12 Five Star Schools	$4,977,587	$4,492,997
Adams Arapahoe SD #28J	$7,368,845	$6,012,372
Adams County SD #14	$1,018,968	$973,561
Alamosa School District RE-11J	$511,752	$374,887
Arapahoe County SD #2	$232,402	$189,522
Arapahoe County SD #6	$784,137	$794,313
Boulder County SD #2	$2,383,529	$2,230,060
Buena Vista SD R31	$124,749	$53,419
Cherry Creek 5	$7,348,910	$5,860,606
Colorado School for the Deaf and Blind	$172,477	$130,652
Colorado Springs SD 11	$2,102,830	$1,866,280
Counties of Adams & Weld SD 27J	$1,640,317	$1,531,624
Counties of Archuleta & Hinsdale District JT	$266,418	$173,337
County of Fremont RE2	$309,665	$229,845
Delta County Joint SD 50J	$350,397	$275,850
Denver County SD 1	$9,933,602	$7,339,499
Dolores #RE-4A	$34,220	$22,628
Douglas County 1	$4,027,616	$3,260,502
Eagle County RE50J SD	$581,907	$555,062
El Paso Colorado School District 49	$2,225,630	$1,718,268
El Paso County SD #12	$215,474	$166,947
El Paso County SD #14	$273,567	$180,541
El Paso County SD #2	$1,148,104	$986,940

School Health Services Program Providers	Total Net Federal Medicaid Reimbursement for FY 2023-24	FY 2024-25 Net Federal Medicaid Interim Payments
El Paso County SD #20	$1,490,495	$1,183,008
El Paso County SD #3	$452,953	$332,485
El Paso County SD #38	$259,458	$177,652
Englewood	$542,838	$449,736
Garfield County SD 16	$126,470	$104,506
Garfield County SD RE2	$314,671	$497,708
Gunnison Watershed SD	$113,152	$82,192
Jefferson County Public Schools	$6,873,815	$6,034,598
La Plata County SD #10JT-R	$190,792	$109,623
La Plata County SD #9-R	$417,862	$324,271
Lake County SD #10JT-R	$173,435	$135,168
Lamar SD RE2	$302,434	$238,311
Mapleton SD 1	$815,316	$845,090
Mesa County Valley SD 51	$4,587,923	$3,751,245
Montezuma Cortez	$244,312	$185,388
Montrose County SD RE-1J	$615,278	$543,865
Otero County SD #1	$317,751	$219,708
Otero County SD #2	$109,679	$92,940
Park County RE2	$63,814	$60,030
Pikes Peak BOCES	$461,791	$475,056
Platte Canyon SD 1	$63,476	$46,779
Poudre R1	$2,661,568	$1,712,187
Pueblo County SD #70	$1,188,777	$1,163,227

School Health Services Program Providers	Total Net Federal Medicaid Reimbursement for FY 2023-24	FY 2024-25 Net Federal Medicaid Interim Payments
Pueblo SD #60	$2,379,178	$2,045,555
Rio Blanco BOCES	$117,362	$79,364
Roaring Fork SD	$385,931	$305,715
Salida SD R-32-J	$260,639	$169,691
San Juan BOCES	$170,309	$113,217
San Luis Valley BOCES	$269,704	$156,959
School District Fremont RE-1	$554,401	$468,935
South Central BOCES	N/A*	$29,851
St Vrain Valley RE 1J	$2,380,262	$2,522,573
Teller County SD #1	$77,184	$63,888
Thompson SD #2J	$1,073,103	$1,026,953
Weld County SD 3	N/A*	$50,893
Weld County SD 5	N/A*	$87,756
Weld County SD 6	$2,224,868	$2,030,155
Westminster SD	$1,716,532	$1,330,041
Woodland Park SD	$344,070	$286,579
Grand Total	**$82,374,708**	**$68,952,610**

*Not available (N/A) indicates that a provider did not participate in the School Health Services Program at this time.