



COLORADO
School Health Services Program

SCHOOL HEALTH SERVICES PROGRAM PROGRAM MANUAL

Section 1

General Information

The School Health Services Program is a joint effort between the Colorado Department of Education and Department of Health Care Policy and Financing.
www.cde.state.co.us
www.colorado.gov/hcpf



Table of Contents

Section 1: General Information	2
Program Overview	2
1.1 Student Eligibility and Requirements	3
1.2 Medical Necessity Criteria	3
1.3 Overview of Covered Services	4
1.4 Service Expectations and Requirements	4
1.5 Coordination of Care	5
1.6 Provider Enrollment	6
1.7 Local Services Plan (LSP).....	6
1.8 School Health Services Program Contract.....	7

Section 1: General Information

The Colorado School Health Services (SHS) Program administered by the [Colorado Department of Health Care Policy and Financing \(the Department\)](#) allows school districts and Boards of Cooperative Educational Services (BOCES), herein referred to as “district,” to access federal Medicaid funds for delivering Medicaid allowable school health services to Medicaid eligible children. Districts may also receive federal funding through the Medicaid Administrative Claiming (MAC) component for performing administrative activities which include service coordination, outreach, enrollment and administrative functions that support the Medicaid program. Reimbursement received by a district through the SHS Program shall be used by the district to provide additional and expanded health services.

The SHS Program serves students up to the age of 21 who are eligible under the provisions of the Individuals with Disabilities Education Act (IDEA) of 1990 as amended in 2004 and to those enrolled in programs that require an Individualized Education Program (IEP) or an Individualized Family Services Plan (IFSP). School health services provided through the SHS Program must be medically necessary (defined in [Section 1.2](#)) and prescribed in the student’s IEP or IFSP.

Program Overview

Participating districts are reimbursed interim payments based on a monthly rate. The monthly rate is calculated according to each district’s historical Certified Public Expenditure amounts and paid in twelve equal monthly installments. See Section 4.3 for additional information on Interim Payments.

In order to receive interim payments for services, the district documents and submits Medicaid claims to the Department. The district must first obtain consent from the parent or guardian of the Medicaid child to bill Medicaid on behalf of the child. The claim describes the service delivered to the Medicaid child on a specific date, the medical provider, and additional service information.

- See Section 2 for information on Covered Services.
- See Section 4.1 and 4.2 for additional information on Claims Requirements and Claims Submission.

Additionally, the district must participate in a Random Moment Time Study (RMTS) and cost reporting process. District staff that are Medicaid qualified to provide direct health services, Targeted Case Management (TCM) or Medicaid administrative activities may participate in the time study and their eligible costs can be identified in the cost report. The cost report will determine the Medicaid allowable total costs a district should be reimbursed.

- See Section 3 for additional information on RMTS.
- See Section 6 for additional information on MAC- Quarterly Cost Report.

The total cost identified in the annual cost report for direct health services, TCM and transportation is reconciled against the interim payment total the district or BOCES received throughout the year. If the district or BOCES interim payment total was less than the total cost identified on the cost report the district or BOCES will receive a payment for the difference. If the district or BOCES interim payment total was more than the total cost identified on the cost report the district will be required to pay back the difference.

- See Section 5 for additional information on Annual Cost Report, Reconciliation and Settlement.

1.1 Student Eligibility and Requirements

To be eligible for SHS Program benefits, the student must meet all of the following criteria:

1. Enrolled in Medicaid;
2. Enrolled in a public school or a participating district or BOCES;
3. Under the age of 21;
4. Has a disability or is considered medically at risk; and
5. Received a referral for school health services according to an IEP or IFSP.

Districts participating in the SHS Program can verify student Medicaid eligibility through one of three electronic methods:

1. Colorado's Web Portal
2. Fax-Back: 1-800-493-0920
3. Client Medicaid Eligibility Response System (CMERS): 1-800-237-0044

Information regarding the Web Portal, Fax-Back and CMERS systems can be found at:

[Provider Services on HCPF Website](#)

1.2 Medical Necessity Criteria

School health services provided to the student shall be medically necessary. A medically necessary service is:

1. 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;
2. Intended when there is no other equally effective or substantially less costly course of treatment suitable for the child's needs;
3. Determined as the result of a service furnished under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, by a qualified health professional operating within the scope of his/her practice; and
4. Referred by a physician or qualified licensed practitioner of the healing arts.

1.3 Overview of Covered Services

School health services include the following services:

- Physician
- Nursing
- Personal Care
- Psychology, Counseling and Social Work
- Orientation and Mobility
- Speech, Language and Hearing
- Occupational Therapy
- Physical Therapy
- Specialized Transportation
- TCM

1.4 Service Expectations and Requirements

School health services may be performed in the school, at the student's home, or at another site in the community by a Qualified Personnel or a Qualified Health Care Professional. A Qualified Personnel is an individual who meets the Colorado Department of Education (CDE) recognized certification, licensing, registration or other comparable requirements of the profession in which they practice.

A Qualified Health Care Professional is an individual who is registered, certified or licensed by the [Colorado Department of Regulatory Agencies \(DORA\)](#) as a health care professional and who acts within the profession's scope of practice. In the absence of state regulations, a qualified health care professional must be registered or certified by the relevant national professional health organization and must be allowed to practice if the provider is qualified per state law.

Refer to Appendix A.2 for provider qualifications and credentials associated with each type of service.

In order to claim for a school health service, the district must ensure that the service is prescribed in the student's IEP or IFSP covering the date of service and includes the following level of detail for each service:

- Authorization by a physician or licensed practitioner of the healing arts (updated annually)
- Service Location
- Amount, Frequency and Duration
- Annual Goals and Short-Term Objectives
- Progress Reports
- TCM Care Plan - for TCM Services
- Health Plan - for Nursing Services
- Specialized Transportation Designation - for Transportation Services

In addition, the district must retain service logs, clinical notes, attendance records, transportation logs and other relevant documentation that support claims for Medicaid school health services, including the following details:

- Date of Service
- Service Provided
- Provider Type
- Location

The SHS Program adheres to the [Centers for Medicare and Medicaid Services \(CMS\)](#) Healthcare Common Procedural Coding System (HCPCS) to identify Medicaid services and the Physicians' Current Procedural Terminology (CPT) manual for procedure codes. The Department publishes a procedure code specific schedule. See Section 2 for further detail.

1.5 Coordination of Care

Coordination of care shall occur to ensure there is not duplication of services or activities being provided to a student.

- The participating district shall coordinate the provision of care with the student's primary health care provider for routine and preventive health care.
- The participating district shall refer student's to their primary care provider, health maintenance organization or managed care provider for further diagnosis and treatment that may be identified as the result of an EPSDT screen or service.
- When the student is receiving Medicaid services from other health care providers and the participating district, the participating district shall coordinate medical care with the providers to ensure that service goals are complementary and mutually beneficial to the student, or the district shall show cause as to why coordination did not occur.
- When the student of the targeted population is receiving case management services from another provider agency as the result of being a member of other covered targeted groups, the participating district shall ensure that case management activities are coordinated to avoid unnecessary duplication of Medicaid services.
- The participating district shall inform a family receiving case management services from more than one provider that the family may choose one lead case manager to facilitate coordination.
- The participating district shall complete and submit to the Department for approval a Care Coordination Plan for the delivery of TCM services. The participating district shall have a representative group of parents and community-based providers, including the local public health department, EPSDT case managers and any existing school-based health centers to assist in developing the Care Coordination Plan.

- Included in the Care Coordination Plan shall be the provision for coordination of benefits and case management across multiple providers to:
 1. Achieve service integration, monitoring and advocacy.
 2. Provide needed medical, social, educational and other services.
 3. Ensure that services effectively complement one another.
 4. Prevent duplication of Medicaid services.

1.6 Provider Enrollment

School districts that participate in the SHS Program must be organized as a district under Colorado law for the purpose of providing free public education, including special education and related services to children with disabilities. A district is defined as a public school district, Board of Cooperative Educational Services (BOCES) or a State educational institution that serves students in kindergarten through the twelfth grade.

To become enrolled in the SHS Program, a district must have a Local Services Plan (LSP) approved by the CDE, a contract with the Department, and enroll as a Medicaid provider in the Medical Assistance Program.

During the contract process, the district must submit a provider enrollment packet to the Colorado Medical Assistance Program to obtain a Medicaid provider identification number and gain access to the Medicaid Management Information System (MMIS) for claims submissions.

Information on provider enrollment can be found at 1-800-237-0757 or [Provider Enrollment on HCPF Website](#)

1.7 Local Services Plan (LSP)

Participating districts are required to develop a LSP based on community input and priorities to determine how Medicaid reimbursement funds received shall be spent. The LSP outlines how reimbursed funds will be utilized to enhance or expand the availability of health services to student's in the district. Required elements of the plan include:

- Assessment of the health needs of student's, including a targeted needs assessment for uninsured and underinsured students;
- Solicitation of input from members of the community to determine local health priorities;
- Estimation of the amount of reimbursement that will be available;
- Description and listing of the expanded or new health services to be provided;
- Description of how funds are to be allocated for these health services; and
- Establishment of procedures for monitoring and reporting the delivery of these health services.

Information about the LSP can be found on the CDE website at: [Medicaid on Colorado State Website](#)

1.8 School Health Services Program Contract

The Department drafts a contract for the district outlining the program requirements and reimbursement factors.

The contract gives a participating district the opportunity to seek interim payments for providing school health services through a claims submission process and to receive final reimbursement through a cost settlement process involving a cost report of financial expenditures (refer to Section 4 and 5).

Information on the SHS Program can be found at: [School Health Services on HCPF Website](#)