



SCHOOL HEALTH SERVICES 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
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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 Health First Colorado allowable school health services to Health First Colorado enrolled 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 Health First Colorado program. Reimbursement received by a district through the SHS program shall be used by the district to provide additional and expanded health services.

Many children enrolled in Health First Colorado receive covered health services both inside and outside of school. For example, a student may receive physical therapy services from a school-based provider as listed in their Individualized Education Program (IEP) in addition to receiving physical therapy services by a private provider as ordered by their personal physician. Coverage for services from non-school providers outside of a student's IEP or other plan of care is not impacted by the fact that the child receives reimbursable services through the SHS program. SHS allows school districts to bill the Department directly for the services they provide as well as receive reimbursement without interfering with student benefits received outside of school.

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 IEP, Individualized Family Services Plan (IFSP), or other medical plans of care. School health services provided through the SHS program must be medically necessary (defined in [Section 1.2](#)) and prescribed in the student's IEP, IFSP or other medical plans of care.

In December 2014 Centers for Medicare and Medicaid Services (CMS) reversed their decision of not allowing Free Care (services provided to Medicaid enrolled students at no charge, and/or provided to the community at large free of charge) to be reimbursed. This reversal means Medicaid eligible services provided to enrolled students are available for reimbursement if all other Medicaid requirements are met.

Beginning in October 2020 the SHS Program expansion will include program covered services to be reimbursable to districts and BOCES for Health First Colorado enrolled students that have other medical plans of care (outside of IEPs/IFSPs) where medical necessity has been established.

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 Health First Colorado claims to the Department. The district must first obtain consent from the parent or guardian of the Health First Colorado enrolled child to bill Health First Colorado on behalf of the child. The claim describes the service delivered to the Health First Colorado enrolled 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 Health First Colorado qualified to provide direct health services 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 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 Health First Colorado
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
5. Received a referral for school health services according to an IEP,IFSP or other medical plan(s) of care

Districts participating in the SHS program can verify student Health First Colorado enrollment through one of three electronic methods:

1. Colorado's Web Portal
2. Fax-Back: 1-800-493-0920
3. Health First Colorado Eligibility Response System (CMERS)/Interactive Voice Response System (IVRS): 1-844-801-8478

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
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
- Speech, Language and Audiology
- Occupational Therapy
- Physical Therapy
- Specialized Transportation

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, IFSP or other medical plan(s) of care 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
- Scope
- Frequency
- Duration
- Specialized Transportation Designation - for Transportation Services (only for prescribed services on an IEP/IFSP)

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 [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 students 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 Health First Colorado 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.

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, 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 Health First Colorado 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 Health First Colorado provider identification number and gain access to the Colorado interChange System (iC System) 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 an LSP inclusive of community input to determine how Health First Colorado reimbursement funds shall be utilized. The LSP outlines how reimbursed funds will be used to enhance and/or expand the availability of health services for students in their district. Required elements of the LSP include:

- Assessment of the health needs of students, including a targeted needs assessment for uninsured and underinsured students;
- Solicitation of community input to determine local health priorities;
- Description/list of the expanded or new health services provided; and
- Established procedures for monitoring and reporting the delivery of health services outlined in LSP.

Information on LSPs can be found on the [CDE 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).