

School Health Services (SHS) Program Annual Training

Department of Health Care Policy & Financing (HCPF)
Public Consulting Group (PCG)
Colorado Department of Education (CDE)



Agenda

- SHS Program Success Stories 3
- Program Fundamentals 9
- July - September 2025 18
- October – December 2025 84
- January - March 2026 124
- April - June 2026 155
- Contact Information 179



SHS Program Success Stories



Acronyms A-F

Acronym	Full Names
<i>AJ</i>	April-June
<i>BCaBA</i>	Board Certified Assistant Behavioral Analyst
<i>BCBA</i>	Board Certified Behavioral Analyst
<i>BOCES</i>	Board of Cooperative Educational Services
<i>CAP</i>	Corrective Action Plan
<i>CDE</i>	Colorado Department of Education
<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer
<i>CPE</i>	Certified Public Expenditure
<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>DMP</i>	Direct Medical Percentage
<i>DS</i>	Direct Service
<i>FERPA</i>	Family Educational Rights and Privacy Act
<i>FMAP</i>	Federal Medical Assistance Percentage
<i>FY</i>	Fiscal Year

Acronyms G-O

Acronym	Full Names
<i>HCPF</i>	Colorado Department of Health Care Policy & Financing
<i>IDEA</i>	Individuals with Disabilities Education Act
<i>IEP</i>	Individualized Education Program
<i>JM</i>	January - March
<i>JS</i>	July - September
<i>LSP</i>	Local Services Plan
<i>MAC</i>	Medicaid Administrative Claiming
<i>MER</i>	Medicaid Enrollment Rate
<i>NAME</i>	National Alliance for Medicaid in Education
<i>NPI</i>	National Provider Identifier
<i>OD</i>	October-December
<i>OT</i>	Occupational Therapist
<i>OPR</i>	Ordering, Prescribing, and Referring

Acronyms P-Z

Acronym	Full Names
<i>PACAP</i>	Public Assistance Cost Allocation Plan
<i>PCG</i>	Public Consulting Group
<i>PCT</i>	Program Compliance Training
<i>PT</i>	Physical Therapist
<i>RMTS</i>	Random Moment Time Study
<i>RN</i>	Registered Nurse
<i>SHS</i>	School Health Services
<i>SLP</i>	Speech Language Pathologist
<i>SPA</i>	State Plan Amendment
<i>SPL</i>	Staff Pool List
<i>UICR</i>	Unrestricted Indirect Cost Rate

New Training Format - Overview

To help you easily find and reference key information, we've organized this presentation using binder tabs.

Each tab is color-coded and labeled for clarity:

Dark Blue – PCG

Light Blue – HCPF

Green – CDE

In addition to these organizational tabs, we've included monthly tabs to clearly indicate when specific actions and recurring tasks are scheduled. This structure is designed to make it easy for you to track timelines, responsibilities, and follow-up items at a glance.



July

August

September

October

November

December

January

February

March

April

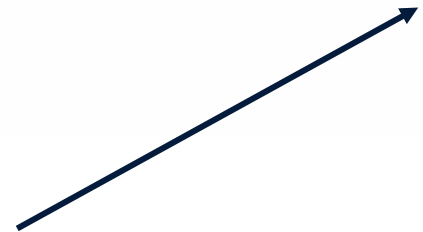
May

June



New Training Format - Example

In this example, you'll notice the dark blue tab, which indicates that this is a PCG slide.



This particular slide outlines recurring activities that take place in the months of:

- August
- January
- March



By using the monthly tabs, you can quickly identify when these actions occur throughout the year, helping you stay on top of key deliverables and timelines.



August

January

March

Program Fundamentals



SHS Program Overview



Qualified Local Participants

Any public school district or Board of Cooperative Educational Services (BOCES) with students in kindergarten through twelfth grade may participate

Program Administration Partners

The Department of Health Care Policy and Financing jointly administers with the Colorado Department of Education (CDE)

Reimbursement Funding

The SHS program is a joint federal and state program that funds allowable medical services and activities for eligible students.

Spending Reimbursement

Reimbursement goes to school districts or BOCES to be used on health needs

Program Roles and Responsibilities

Colorado Department of Health Care Policy & Financing (HCPF)

- Enforce Centers for Medicare & Medicaid Services (CMS) guidelines
- Administer SHS Program
- SHS program policy expert
- Training administration
- Approve/deny cost reporting extension requests

Colorado Department of Education (CDE)

- Local Services Plan (LSP)
- Expenditure allowability expert
- Reimbursement Spending Report
- Parental consent

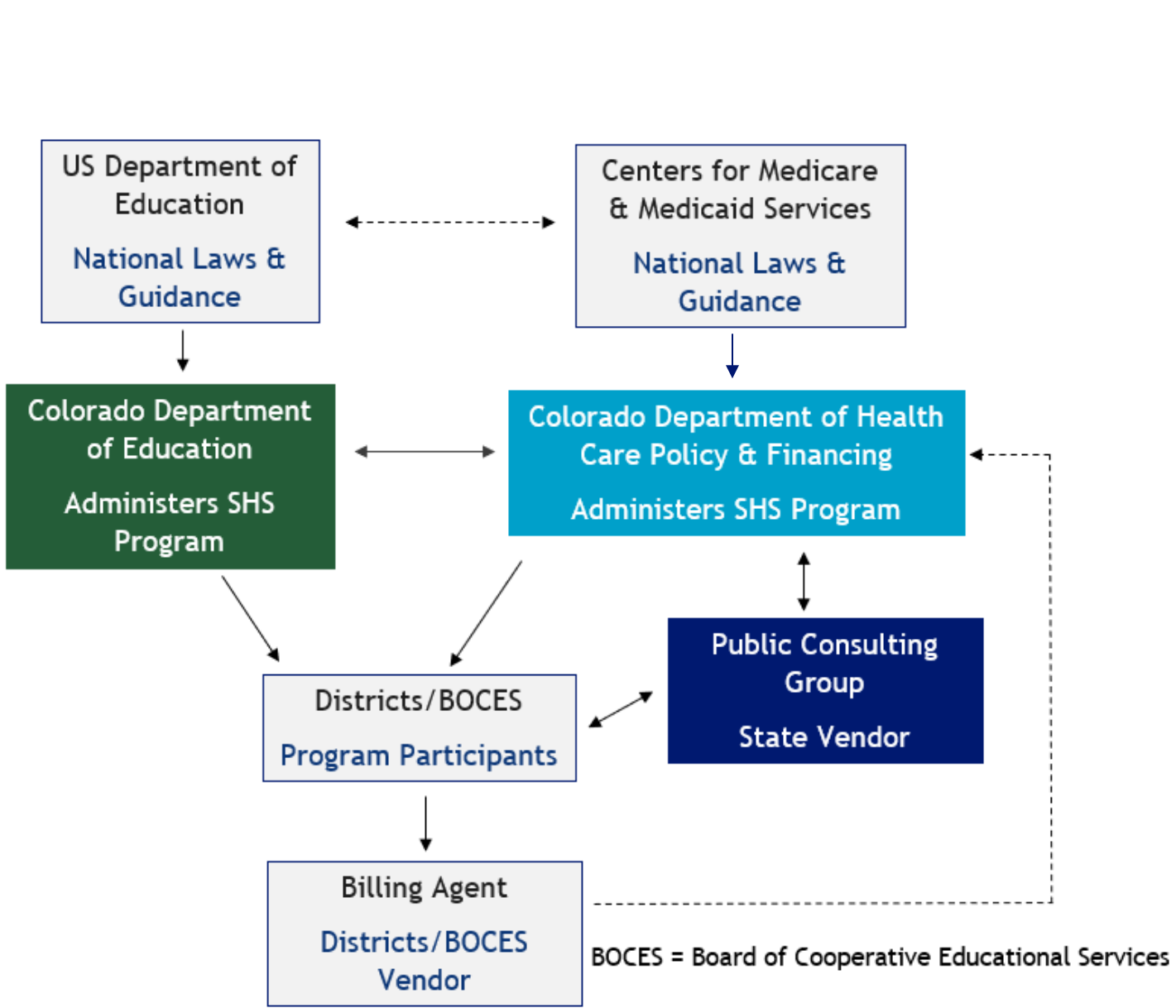
Public Consulting Group (PCG)

- Claiming System administrator
- Random Moment Time Study (RMTS), quarterly cost reporting, and annual cost reporting subject experts
- PCG Claiming System Help Desk admin

Districts/BOCES

- Medicaid coordinator logistics
- District specific methods on cost reporting
- Monitoring random moment survey completion
- Provider specific training methods
- Maintaining documentation as a part of program compliance

Organization Chart



District Interdepartmental Coordination

Administrative Staff

Admin staff supporting Medicaid at your district

Finance Staff

Responsible for reporting quarterly and annual financials and corresponding CPE forms

Medicaid Coordinator

Program coordinator responsible for ensuring all program actions are completed on time

Transportation Department

Transportation costs are reported out on the Annual Cost Report

Direct Service Providers

Providers routinely rendering direct services to students with medical plans of care

Human Resources

Provides staff change updates to program coordinator

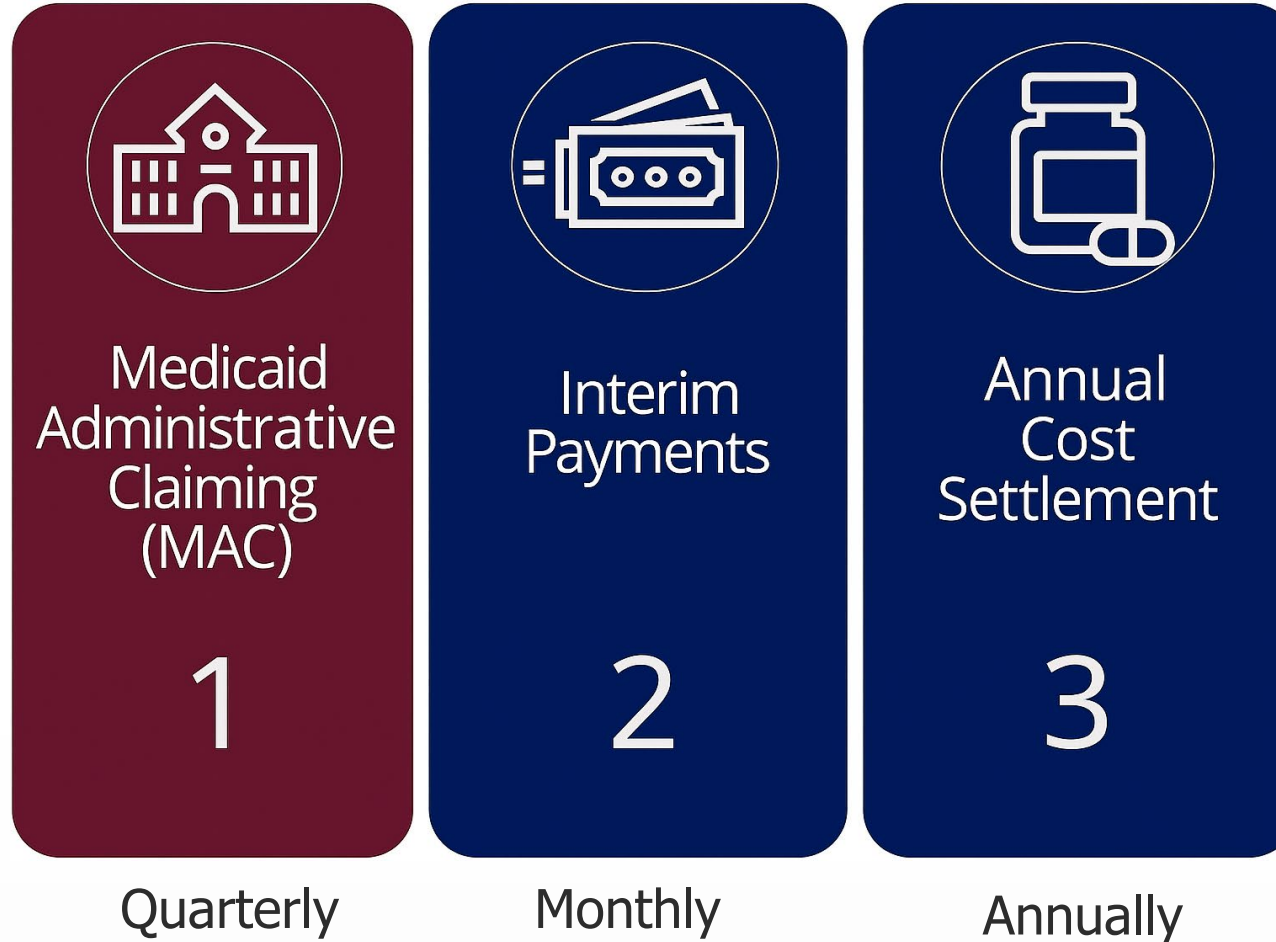


Are there any other staff that should be included at your district's table?

Program Reimbursement



Districts participating in the SHS Program receive reimbursement for allowable medical and transportation services for eligible students:



Types of Reimbursement Activities



Direct Service

Delivery of Direct Medical Services

- Rendering of direct medical services outlined in a student's IEP or other medical plan of care
- Direct Medical Services:
 - Counseling
 - Nursing
 - Occupational Therapy
 - Personal Care
 - Physical Therapy
 - Psychology Services
 - Social Work
 - Specialized Transportation
 - Speech, Language, and Hearing



Medicaid Administrative Claiming (MAC)

Activities that support the delivery of medical services

- Reimbursement for Medicaid allowable administrative activities
- Examples of Medicaid allowable administrative activities:
 - Attending medical/Medicaid-related training
 - Health First Colorado outreach
 - Facilitating eligibility determinations
 - Care coordination

New Medicaid Consultant Andria Thornhill



- Primary contact for the Colorado Department of Education (CDE)
- Former Medicaid Coordinator for Gunnison School District RE1J for 5 years
 - Responsible for all aspects of the program in my district
- 13 years of experience working within Colorado school districts
 - Special Education significant needs paraprofessional
 - Special Education office manager
- Bachelor's Degree from Western Colorado University



CDE SHS Program Components



Primary role of CDE is oversight and guidance on how school districts spend Medicaid reimbursement dollars.

Local Services Plan (LSP)

Reimbursement Spending Report

Parental Consents

July - September 2025 (JS25)



Timeline Review

July - September (JS)	Slides	October - December (OD)	Slides	January - March (JM)	Slides	April - June (AJ)	Slides
☐ AJ MAC quarterly cost report ☐ Annual Cost Report opens ☐ OD Staff Pool List	20-30 31-50 58-69	☐ RMTS moments ☐ JS MAC quarterly cost report ☐ Desk Review ☐ Reimbursement Spending Report opens ☐ JM Staff Pool list	54-57 20-30 114-115 120-122, 136-139 58-69	☐ RMTS moments ☐ OD MAC quarterly cost report ☐ AJ Staff Pool List	54-57 20-30 58-69	☐ RMTS moments ☐ JM MAC quarterly cost report	54-57 20-30

Ongoing tasks	Slides
☐ Parental Consents and Annual Notification	51-53
☐ NPI OPR Medicaid Provider ID requirement	70-75
☐ Stakeholder feedback	100-103
☐ CPE form signatures when released	107

Requirements applicable only in certain years	Slides
☐ District/BOCES revalidation	74
☐ New coordinator mentorship	76-77
☐ Comprehensive Review	116-119, 132-135
☐ Local Services Plan development	78-83, 110-113, 140-145, 161-164

Quarterly MAC Financials



MAC Claim Overview



Step 1: Eligible Costs

- Districts must submit eligible costs for staff by the specified due date using the PCG Claiming System

Step 2: MAC Claim

- Costs are reviewed and MAC claim is calculated

Step 3: CPE Form

- Districts will electronically sign and submit the Certification of Public Expenditures (CPE) form to complete the MAC claim process

July

October

January

April

Allowable Administrative Activities



Providing information to individuals / families regarding the Health First Colorado



Preparing and sharing information regarding medical and mental health related services



Assisting families in the Health First Colorado application process



Making referrals for coordinating / monitoring the delivery of health services



Participating in a parent meeting regarding health / medical / mental health services



Attending or conducting training for the purpose of improving their awareness, ability to identify, refer or assess students "at risk" of poor health outcomes

Note: these allowable activities apply to both cost pools for MAC claims

MAC Cost Reporting

Districts can only report costs associated with participants on the quarterly Staff Pool List (SPL). All costs, allowable and unallowable should be reported in the appropriate fields so the system can automatically back out unallowable costs. Staff that are 100% federally funded are not eligible for reimbursement and should be removed from future staff pool lists.



July

October

January

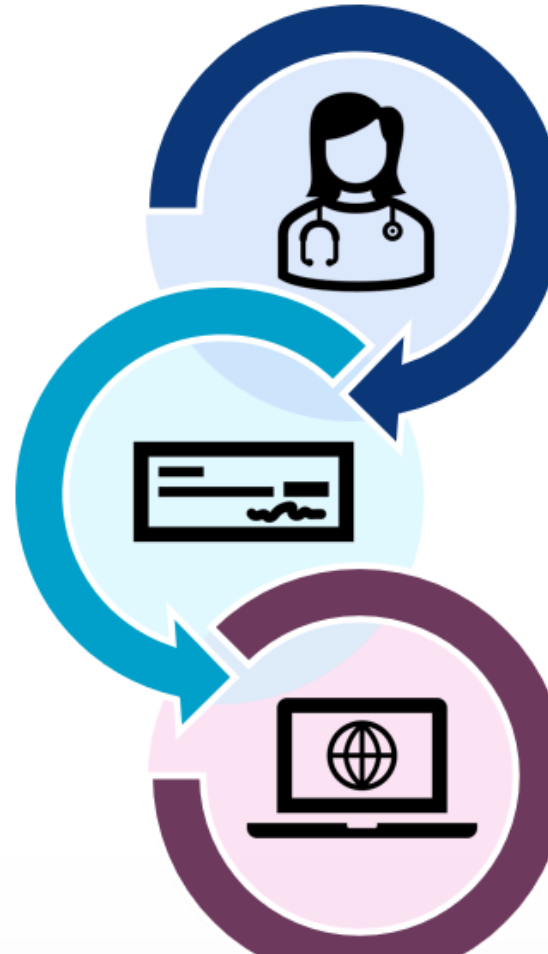
April

Accounting Methodology

Districts report information based on a **Cash-Basis Accounting Methodology**

- Expenses are recorded based on the **date payment is made** for services provided, regardless of when they are rendered

Note: This is a different account methodology than used for annual cost reporting.



Provider renders services for
your district
September 2025
(Jul-Sept quarter)

Payment for the services is made
October 2025
(Oct-Dec quarter)

Report the payment on the Oct-
Dec 2025 quarterly financials

Payroll Staff Costs

Report total gross earnings and benefits for full-time and part-time payroll employees paid by the district during the reporting period.

Note: Include any reimbursement for staff expenses such as mileage and travel reimbursements in the Non-Allowable field within the PCG Claiming System

Salaries

- Report regular wages
- Paid time off (e.g., sick or annual leave)
- Overtime
- Longevity
- Stipends
- Bonuses, and/or incentives

Benefits

- Health insurance
- Retirement
- Long-term and Short-term disability
- Medicare and Social Security tax
- Worker's Compensation, etc.

July

October

January

April



Contracted Staff Costs

- The district will report total earnings for each contracted staff member for services provided while on the direct service staff pool list
- The district must retain supporting documentation to substantiate costs, hours, rate, **and** contract requirements



Invoice/timesheets per contractor



Fund codes (e.g., state/local, federal funds)



Rates (hourly rate, or rate otherwise agreed upon by the contracted agency and district)

Allowable Other Costs

Only other costs related to administrative activities should be reported on the Quarterly MAC Financials

- Costs for training-related travel for quarterly SPL participants
- Mileage and Transportation specifically related to the training

Travel & Training



- Costs for professional dues and fees incurred by the district for quarterly SPL participants
- Licensure/certification, Membership Dues, and Subscription Fees

Professional Dues & Fees



These costs should **NOT** be reported on the Annual Cost Report

July

October

January

April

Other Costs Activity

1. Testing and evaluation materials purchased by an audiologist for a student being evaluated for a medical plan of care

2. The annual fee for license recertification for a speech language pathologist who is on the SPL

3. A blood glucose meter purchased by a nurse on the SPL for a student with diabetes, and the need for the meter was prescribed in their medical plan of care

4. First aid supplies for the general student population

Annual Other Costs	Quarterly MAC Other Costs	Neither
✓		
	✓	
✓		
		✓

System Generated Warnings

The PCG Claiming System will compare your district/BOCES financial data to the previous year's data. This information is compared by job category.



If costs trigger a warning, this does not mean the costs are incorrect, just that they are outside of the previous year's averages.



July

October

January

April

High-level MAC Steps for Coordinators

Pull internal financial reports utilizing "cash basis" accounting methodology

Enter costs and resolve system-generated warnings

Review all reported cost and certify financials

Have fiscal authority electronically sign CPE form

Maintain audit readiness by keeping supporting documentation for reported expenditures

July

October

January

April

Annual Cost Report

August 1st - October 28th



Annual Cost Report Overview



Step 1: Interim Payments

- Districts bill Health First Colorado for the provision of direct medical services

Note: Interim payments are estimated from the previous year's district costs - direct billing pays zero

Step 2: Eligible Costs

- Districts submit eligible costs for the fiscal year via the PCG Claiming System

Step 3: Cost Settlement

- To reach final cost settlement results, actual costs are compared to interim payments

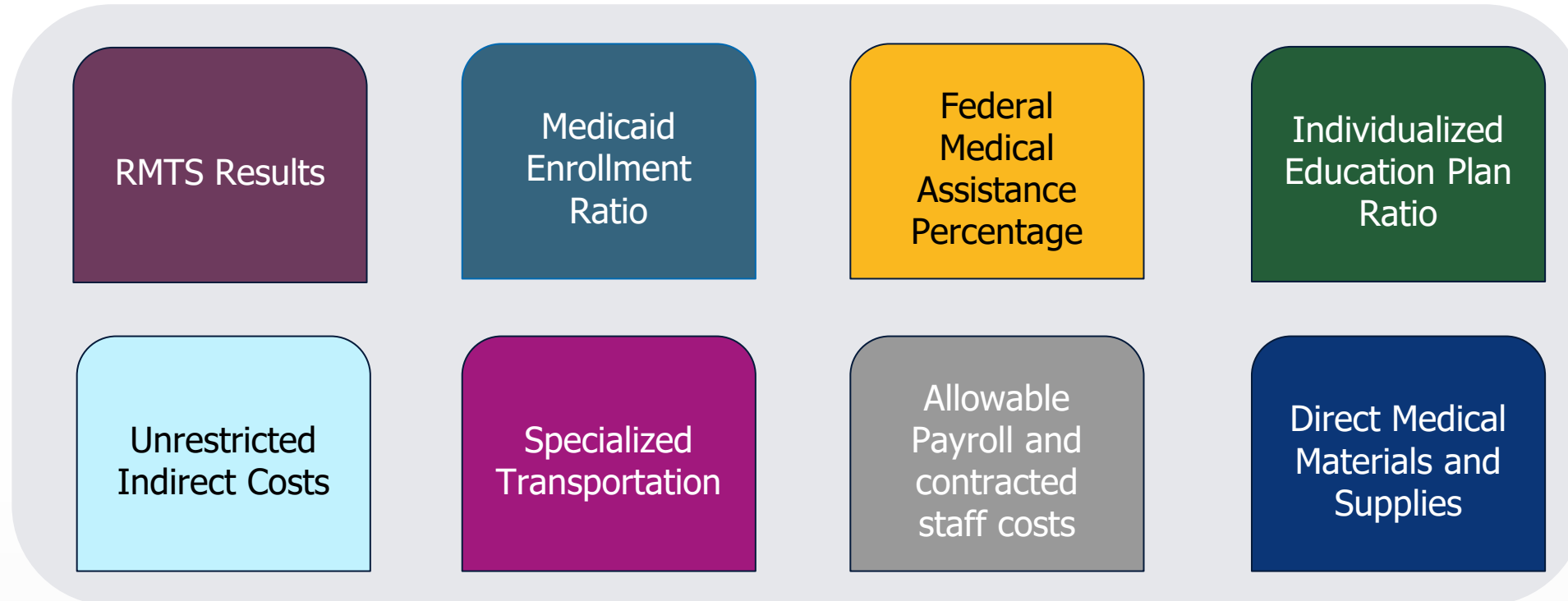
August
September
October

Reporting Costs and Claim Factors

When reporting direct medical costs:

- Direct service costs should pertain to the fiscal year (July 1 – June 30)
- Report costs for services provided while on the direct service staff pool list
- Federal funds or non-allowable dollars should be reported in the appropriate PCG Claiming System field so the system can automatically back out those costs

The following claim factors are applied to the district/BOCES reported costs in the claim calculation:



August

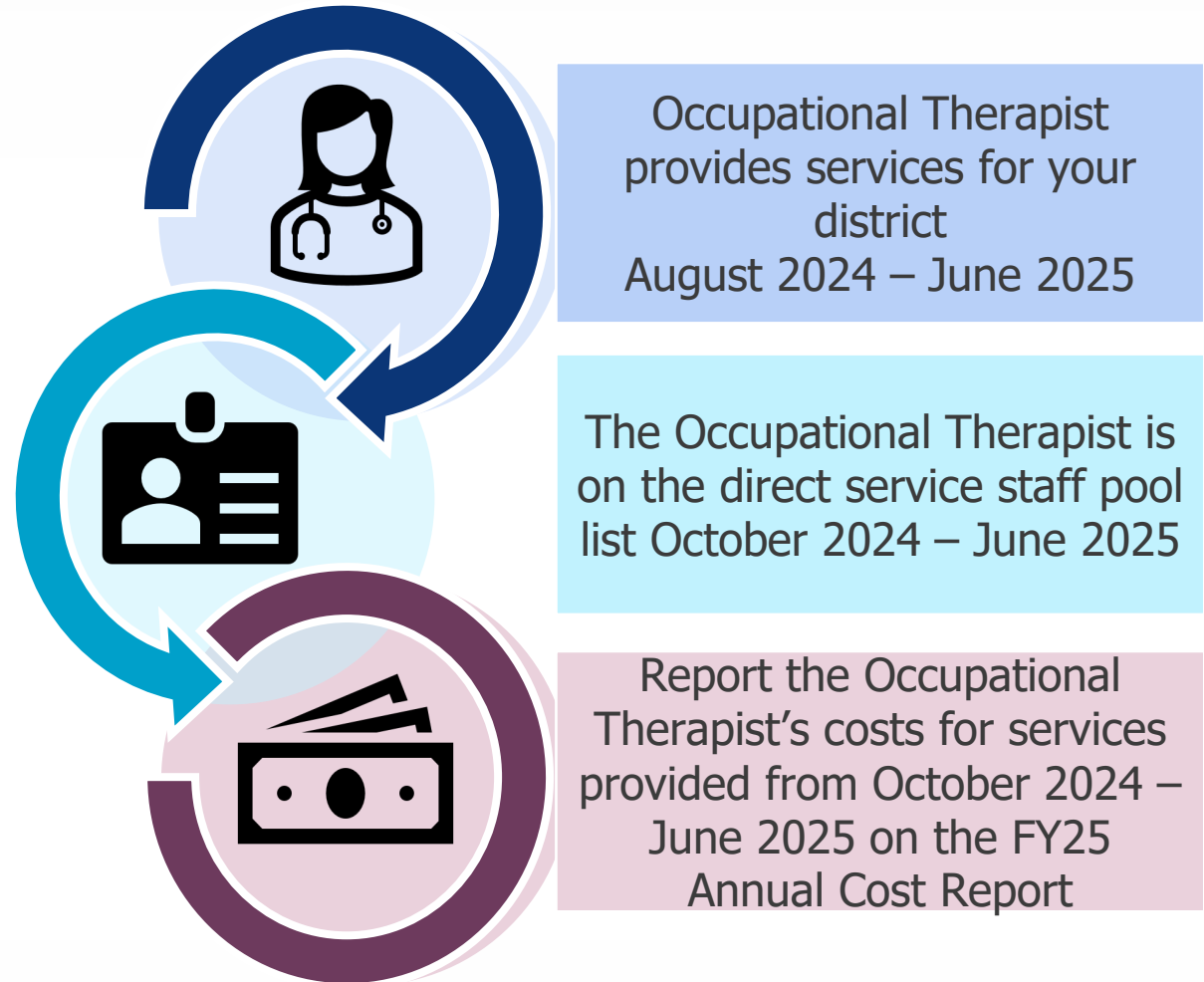
September

October

Accounting Methodology

Districts should report information based on an **accrual basis accounting methodology**

- Expenses are recorded based on the **date the services were provided**, regardless of when they are paid
- For the providers' costs to be included on the cost report, the provider must be on the direct medical staff pool list for the applicable time periods
- Staff members cannot be added retrospectively



August
September
October

Staff Costs



Payroll Staff Costs

Report:

Total gross earnings and benefits for full-time and part-time payroll employees based on the date the services were provided during the reporting period

Salaries

Report regular wages and extra pay for staff members:

- Paid time off (e.g., sick or annual leave)
- Overtime
- Longevity
- Stipends
- Cash bonuses, and/or cash incentives

Benefits

Report employer-paid benefits for staff members:

- Health insurance
- Retirement
- Long-term and short-term disability
- Medicare and Social Security tax
- Worker's compensation, etc.



August

September

October

Direct Medical Other Costs



Direct Medical Materials and Supplies



Annual Requirements

Items purchased for the provision of a direct medical service included in an IEP or medical plan of care are allowable direct medical services materials and supplies

August

September

October



Examples

Direct medical materials & supplies examples: disposable gloves, therapy wedges, testing protocols

Specialized Transportation

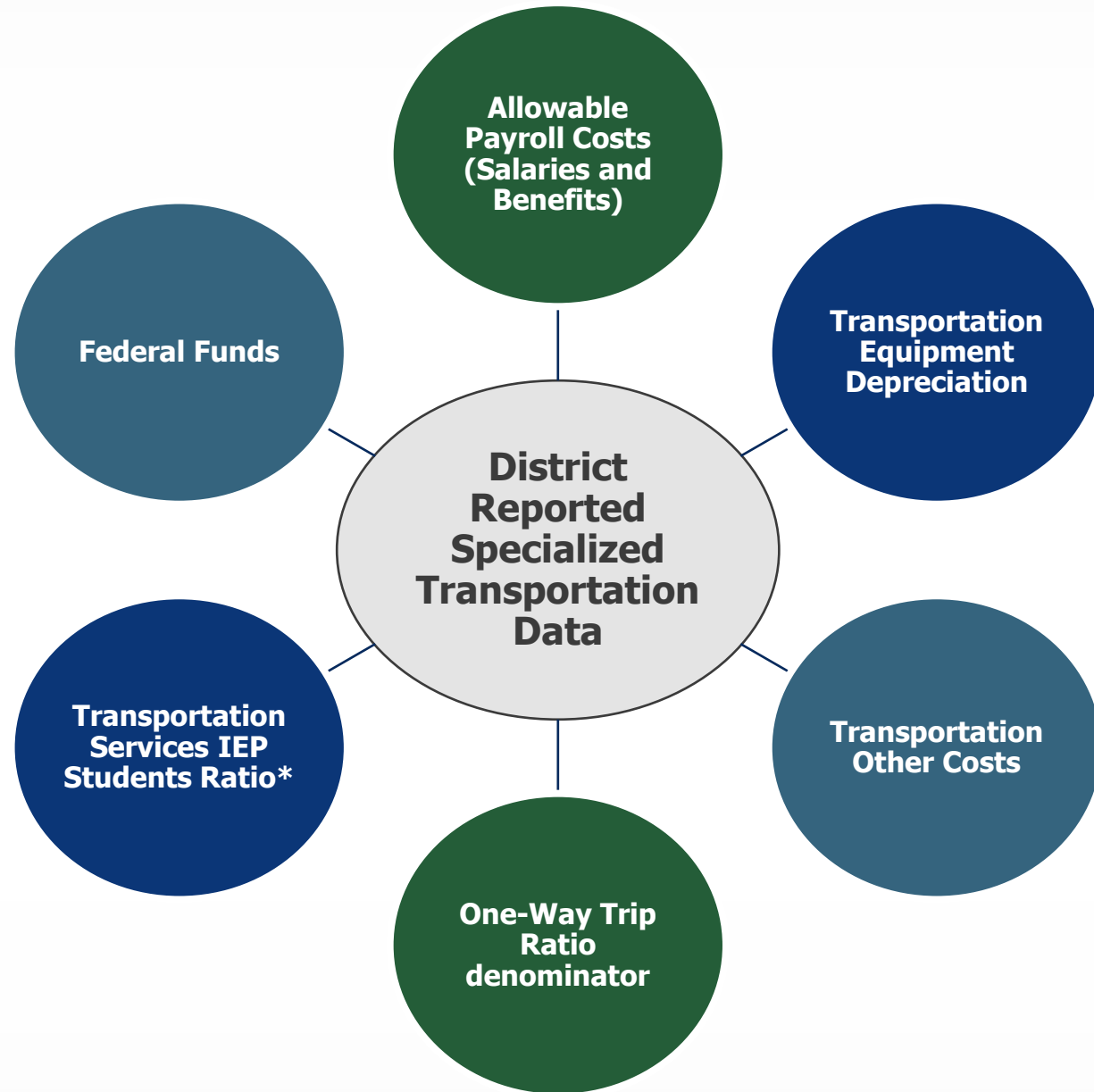


Annual Cost Report – Transportation

Specialized Transportation Costs:

- Reported only once per fiscal year through the annual cost report
- Transportation personnel are not included in the Random Moment Time Study (RMTS)
- All reported costs and allocation ratios must be supported by appropriate documentation

*Only applicable if reporting Not Only Specialized transportation costs



August
September
October

Required Components

August
September
October

Specialized
transportation must be
prescribed in a
student's IEP

A one-way trip will only
be counted if a direct
service was billed for
on the same day

Documentation must be
kept (bus logs,
attendance sheets, etc.)
to support the student
was receiving
transportation services
and received a direct
medical service on the
same day



Transportation Costs - Requirements



August
September
October

Requires use of physically modified vehicles or a bus aide is present



Occurs on the same day student receives a direct medical service



Maintain bus logs throughout the school year



Vehicles must transport students for at least one specialized route

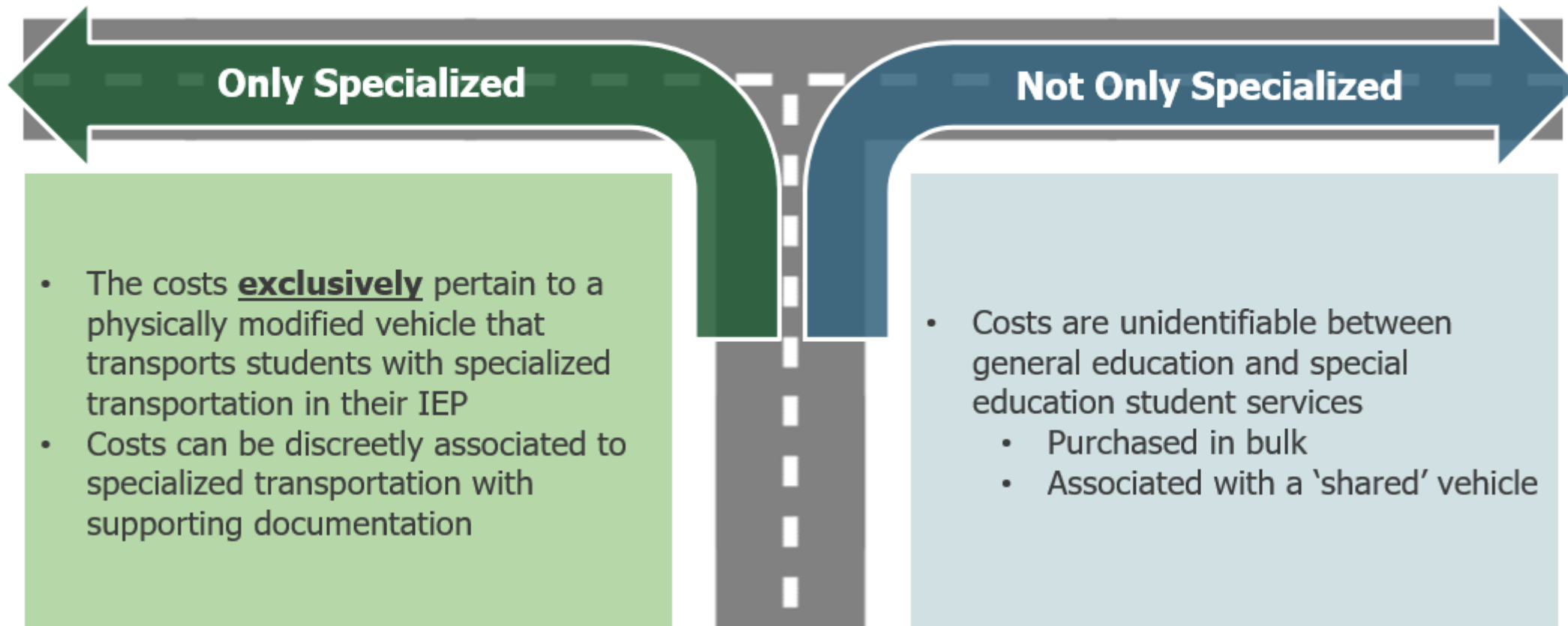


Specialized transportation prescribed in the student's IEP



'Only' Specialized vs. 'Not Only' Specialized

Districts categorize allowable transportation costs as either 'only' specialized or 'not only' specialized transportation



Transportation Staff Costs

Transportation staff must be entered as 'only' specialized or 'not only' specialized

Districts may report staff costs for:

- Bus Drivers
- Bus Aides
- Mechanics



Transportation staff **do not** participate in the RMTS

Only costs associated with the employee's job as a driver/ mechanic/ bus aide are allowed

Like direct service reporting, costs should be reported based on date of service



August

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Transportation Other Costs

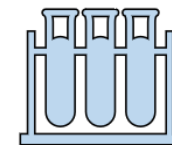
Districts may report “other” transportation costs for:

- Contracted services and equipment
- Fuel and oil
- Insurance
- Leases or rentals
- Maintenance and repairs

These costs must be categorized as either “**only**” **specialized** or “**not only**” **specialized** transportation.



Not allowable: Car washes, uniforms, drug testing, radios, general office supplies for the transportation department



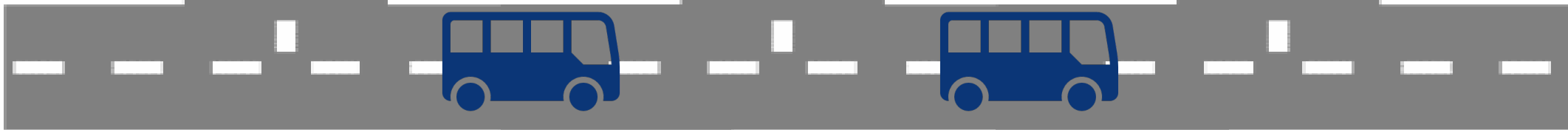
Transportation Equipment Depreciation

August
September
October

Districts may claim depreciation costs for vehicles used to transport students

This includes vehicles used to transport students, wheelchair lifts, vehicle air conditioning systems

When reporting these costs, districts must indicate whether the equipment is used **exclusively** for specialized transportation or **not exclusively** (i.e., shared use).



Transportation Equipment Depreciation Cont.

Requirement 1

- The vehicles must be physically modified per the specialized transportation prescription in the students' IEPs

Requirement 2

- Depreciation is automatically calculated in the PCG Claiming System according to straight-line depreciation

$$X = (\text{Cost} - \text{Federal Funds}) \div \text{Years of Useful Life}$$



Requirement 3

- Transportation equipment should be assigned the appropriate transportation category and be supported by documentation before reporting

August

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October

One-Way Trip Ratio

The One-Way Trip Ratio is applied to all transportation costs

- ✓ The numerator is initially pre-populated by PCG with the prior year's data
- ✓ Final numerator is entered by PCG in January
- ✓ The denominator is populated by the district
- ✓ Bus logs must be kept to support the trip ratio

Total number of one-way trips for **Health First Colorado eligible students** requiring **specialized transportation** and received a **reimbursable service** on that day per their IEP

Total number of one-way trips for **ALL students** receiving **specialized transportation** services per their IEP

=

Trip Ratio

Apportions costs to the population of students eligible for reimbursement



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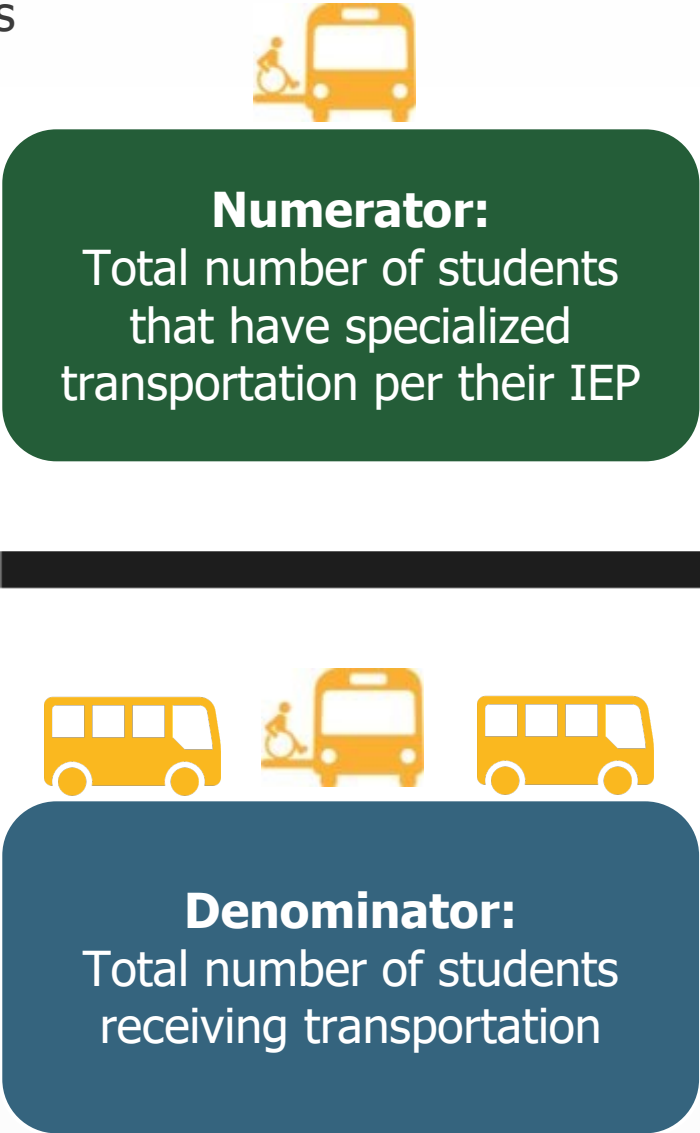
October

Transportation Services IEP Students Ratio



The Transportation Services IEP Students Ratio is required if reporting Not Only Specialized transportation

- ✓ If requested, districts must be able to provide the student roster supporting the reported ratio
- ✓ If your district solely reports only specialized transportation costs, this ratio is not applicable and will appear as 100% on your cost report



**Transportation
Services IEP
Students Ratio**

August
September
October

Check for Understanding



August

September

October

Can you report costs for fuel and oil?

Yes!
Costs associated with “making the bus go” are allowable.

Parental Consents and Annual Notifications



Parental Consents

What are they?

- Parents consent to the disclosure of Personally Identifiable Information (PII) necessary for billing purposes as required by Family Educational Rights and Privacy Act (FERPA)
- These are not consents to bill Medicaid
- Consent must be obtained prior to accessing child's or parent's public benefits

Annual Notification

- Annual Notification of Access to Benefits
- Must include rights under Individuals with Disabilities Education Act (IDEA)
- Parents have the right to revoke consent

Resources

- [Program Parent Guide \(English\)](#)
- [Program Parent Guide \(Spanish\)](#)



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COLORADO

School Health Services Program

Parental Consents: Other Considerations



- Parent Reminders
 - The only entities that will be able to access student information will be school health service providers, an approved billing agent, and Colorado's Health First Colorado Agency
 - Parental consents do not affect Medicaid status or the ability to receive services outside of school
 - Reimbursement received through this program expands health services for all students
- Electronic signatures are acceptable as long as they follow the school districts privacy laws and FERPA
- Parental Consents are required documentation for districts/BOCES under Comprehensive Review

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Random Moment Time Study (RMTS)



What is the Random Moment Time Study (RMTS)?



Methodology

The RMTS is a **Federally** approved statistically valid sampling method designed to determine the amount of effort a group of participants spend on all work activities. SPL participants are asked what they're doing in one minute out of the day



Survey Questions

The RMTS consists of individual moment observations of **one-minute** random intervals over a given time

**What
RMTS
is
NOT**

- RMTS is **not** a management tool that is in any way used to evaluate employee activities or performance
- Employees **should not** intentionally alter their activity at any time because of their participation in the RMTS



Why RMTS?

The RMTS replaced the old practice of collecting provider timesheets which was a considerable administrative burden on districts



Established Success

Based on the observations of the randomly selected moments, the total effort of the employees can be estimated with a high degree of confidence and should approximate the same results as having observed 100% of the employees' time

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RMTS Cycle

The quarterly RMTS cycle drives MAC and Cost Settlement reimbursement. The cycle below illustrates MAC only:

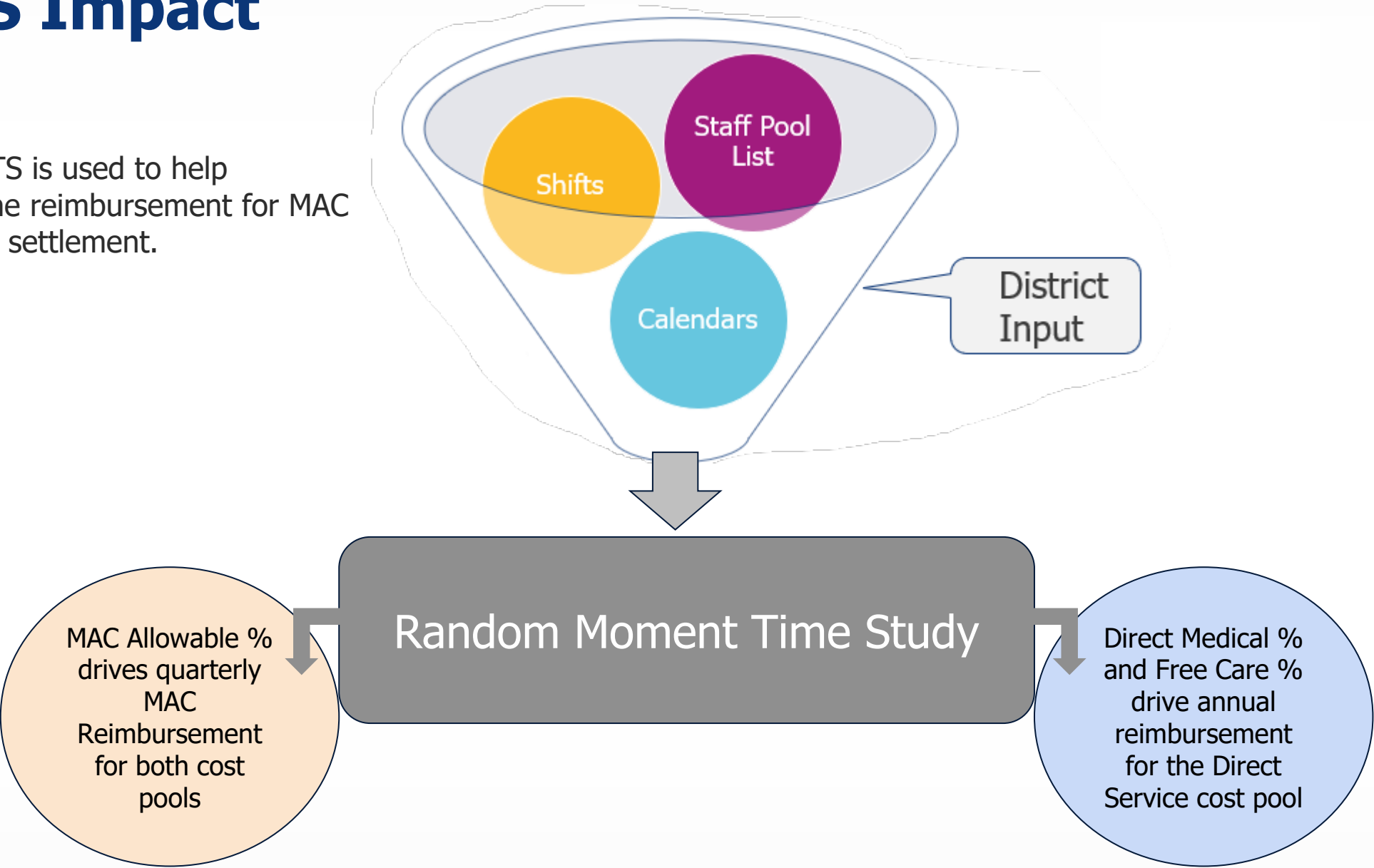
- 1.Districts identify staff/contractors to include that are routinely performing Medicaid outreach & coordination activities.
- 2.These staff participate in the Random Moment Time Study (RMTS) which determines the percentage of allowable time they spent providing medical outreach and coordination
- 3.Districts report staff costs (salary/benefits/contractor) quarterly (MAC) after the conclusion of each time study and districts will complete the Annual Cost Report once a year
- 4.PCG calculates claims and releases Certified Public Expenditures (CPE) forms for districts to review and certify
- 5.HCPF reviews / approves CPEs and the statewide claim before submitting to CMS. Once funds are received, they issue reimbursement payments to participating districts



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RMTS Impact

The RMTS is used to help determine reimbursement for MAC and cost settlement.



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Participant Training

Coordinators provide training and/or information to staff about the program, their role in the program and the importance of completing the sampled moments



Coordinators are encouraged to utilize tools within the PCG Claiming System to monitor the program in real time.

Moment Screen

View moments and status to take action

Resending Moments

Resend notifications, answer paid/unpaid moments, answer for providers on leave

Compliance Report

Accessible from the PCG Claiming System home page

Compliance Widget

Easy data at -a-glance

Note: PCG requires participants to read through program overview screens prior to completing sampled moments



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SPL Actions



The PCG Claiming System has many functions that change as a quarter moves through time. The following actions can be taken:

Prior to Quarter Start

- Add/delete positions
- Update Job Category
- Change Email or Last name
- Add/Remove Vacant Positions
- Complete Direct Replacements
- Update Shifts
- Make changes to calendar

During an Active Quarter

- Change Email or Last name
- Vacate
- Complete Direct Replacements
- Coordinators cc'd on overdue moments (leave blank if you want all coordinators with cc permission to receive emails)
- Mark unplanned closures

After a Quarter

- None – once a quarter is over no changes can be made to SPLs or calendars

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Check for Understanding



It is July 29th, and
our district just hired
a new nurse.

What should I do?

You would want to see if you
have a vacant position on the
July-September Staff Pool List

If not, then add them to the
Staff Pool once the October-
December SPL collection begins

Cost Pools



Direct Service Providers

- Those qualified to provide SHS program direct services (i.e., speech, occupational, physical therapy, etc.) to students and bill Health First Colorado for the delivery of those services
- These are services on a medical plan of care where medical necessity has been established

Administrative Service Providers

- Participants that routinely provide administrative, Health First Colorado outreach, and medical coordination activities
- Do not claim for direct services

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Staff positions cannot be 100% Federally Funded or included in multiple cost pools

Job Categories



Direct Service Cost Pool

Job Categories to Include

- | | |
|--|--|
| <ul style="list-style-type: none"> • Audiologist • Board Certified Assistant Behavioral Analyst (BCaBA) • Board Certified Behavioral Analyst (BCBA) • Health Technician • Licensed Counselor • Nurse Aide • Nurse Practitioner • Nurse, LPN • Nurse, RN • Occupational Therapist • Occupational Therapy Assistant • Personal Care Aide/Teacher's Aide • Physical Therapist • Physical Therapy Assistant (Technician) | <ul style="list-style-type: none"> • Physician • Psychiatrist • Psychologist • Registered Behavioral Technician • School Psychologist • Social Worker • Speech/Language Pathologist • Speech/Language Pathologist Assistant • Speech/Language Pathologist Candidate • Supervised Audiology Candidate |
|--|--|

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These providers deliver and bill prescribed services on an IEP, IFSP or other medical plan of care.

Job Categories Cont.



Administrative Cost Pool	
Job Categories to Include	
• Administrator – Principals and Assistant Principals • Bilingual Assistants • Counselor • Diagnostician • Interpreter/Interpreter Assistant • Non-Licensed Speech Language Therapist • Orientation & Mobility Specialist • Program Specialist	• Psychologist Intern • Pupil Support Services Administrator • Pupil Support Technician • Non-Licensed Social Workers • Special Education Administrator • Special Education Support Technician • Special Education Teachers • Speech-Language Therapy Assistant

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Shifts

- Every district must have at least one shift that specifies the **earliest start time** and the **latest end time** for the district.
- Assigning shifts to participants increases the chances of them being selected during their scheduled working time.
- Once SPLs are certified and moments are generated, shifts **cannot** be altered until the next quarter opens for updates.
- Districts can create shifts for staff pool list participants to accommodate different schedules based on school type, building, part-time status, or other set weekly schedules.
- Consider shifts for part-time or contracted employees who have unique set schedules.



August

November

February

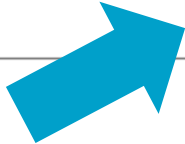
Colorado School Health Services

Home Users ▾ Staff Pool ▾ Calendar Moments Configuration ▾ Reports

Shifts

Shifts

Add New Shift



Create New Shift

Shift: SLPWWF

Position: 1

☐ Inactive

Day of week	Begin Time	End Time	Delete
Monday ▾	8:00 AM	12:00 PM	✕
Wednesday ▾	8:00 AM	12:00 PM	✕
Friday ▾	8:00 AM	12:00 PM	✕
▾			

Cancel Create New Shift

Shift Activity



Shift Activity

Linda is a contracted speech language pathologist working at Rocky Mountain Schools Monday, Wednesday and Friday every week. What shift should Linda be assigned?

Shift Name	Hours	Days of the Week
Full Time	40 Hours	Monday-Friday
Contracted PT	24 Hours	Tuesday, Wednesday, Thursday
Part Time	30 Hours	Monday-Friday
Building B	40 Hours	Monday-Friday

We would need a
new shift!

There currently isn't a shift
created that fits Linda's
schedule.

Calendars



August

November

February

- Coordinators are required to submit a calendar through the PCG Claiming System to identify the working days for the RMTS and exclude non-working days and holidays, ensuring participants don't receive moments on those days.
- Only holidays when both school staff and students are off should be included.

Holiday/Non-Work Day

- Participants are not working in any capacity
- No moments scheduled
- You MUST mark these days

Teacher In-Service

- It is optional to mark these days

Early Release Day

- It is optional to mark these days

Last Day of School

- Only required for the April-June quarter

 Early Release Day	 Holiday/Non-Work Day	 Teacher Inservice Work Day	 Last Day of School
---	--	--	--

April 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

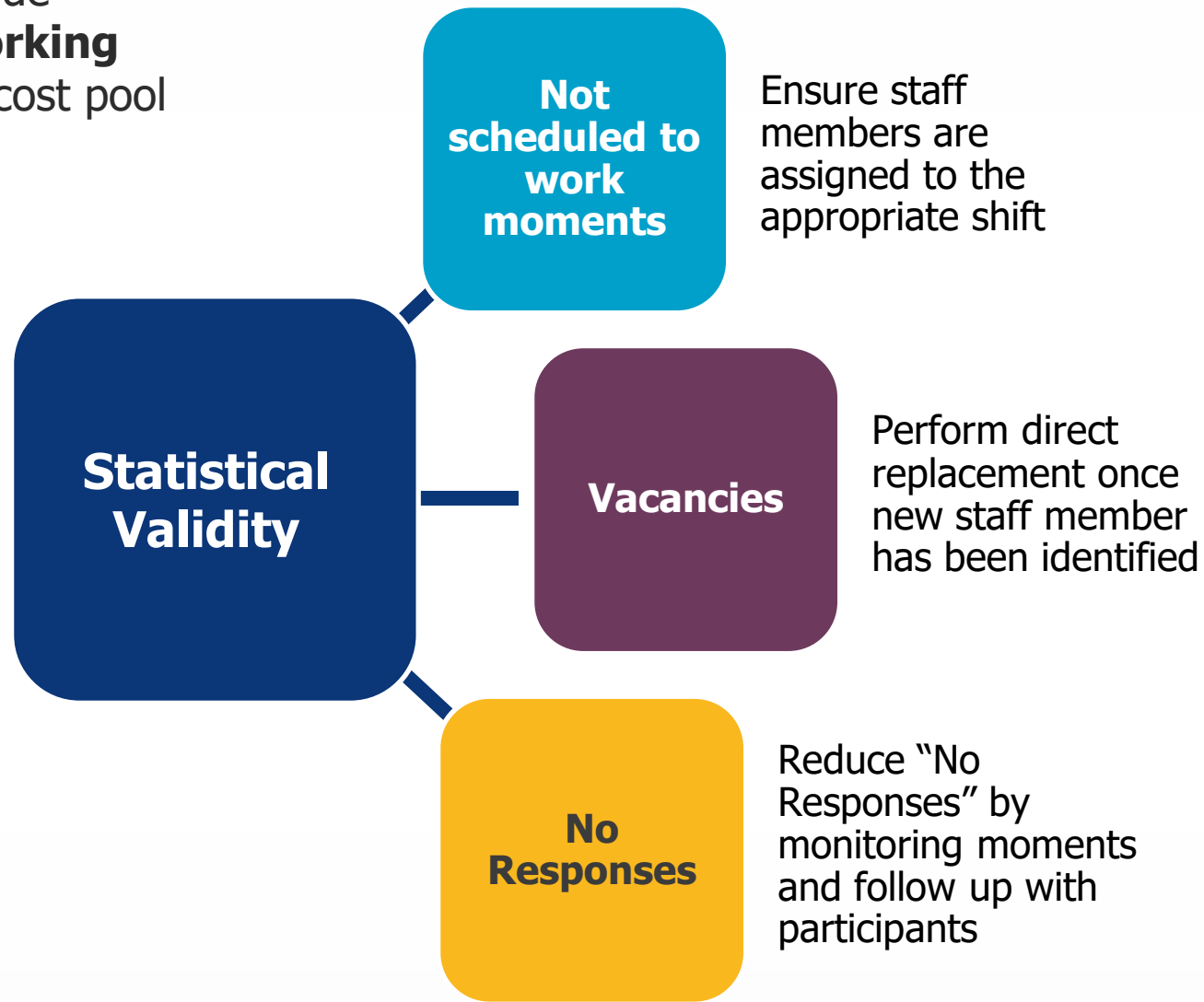
June 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Statistical Validity

Meeting statistical validity is a statewide requirement. Each quarter **2,401 working moments** must be received in each cost pool

Factors that impact statistical validity:

- Shifts
- Vacancies
- No responses
- Participants



October
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June

PCG Claiming System Enhancements



Unfilled Vacancy Status Feature

- A Vacancy Status column has been added to the staff pool list page
- This column will display how long a specific vacancy has remained unfilled
- This will apply to both newly created vacancies and positions that have been vacated during a quarter
- If an unfilled vacancy's age is 7 months or more, the district will not be able to certify their SPL until the vacancy is removed or filled

Vacancy Status	Email	Emp Id	Name 
			(Vacancy) (Er
			(Vacancy) (Er
			(Vacancy) Be
			(Vacancy) (Er

National Provider Identifier (NPI) Requirement



Physical Therapy (PT), Occupational Therapy (OT), and Speech, Language, and Hearing Services July 1, 2024 or later must have a valid NPI in the ordering, prescribing, and referring (OPR) field



National Provider Identifier (NPI) Requirement - Tips



Step by step directions and FAQs are included in the NPI OPR Guide

Use provider call center or portal to see if provider is enrolled and/or troubleshoot

Email SHS general email with an Application Tracking Number (ATN) and details of unresolved issue to escalate or for general questions

Track Medicaid Provider ID expiration dates so providers are removed when IDs expire

Monitor Explanation of Benefits for claims in Interchange to ensure program compliance

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Medicaid Provider ID staff pool list review



After staff pool list certification

Within one week of email

Coordinators must do one of the following:

- Create a vacancy if the provider will have a Medicaid provider ID within the first two weeks of the quarter
- Remove the staff completely from their staff pool list
- Reply to HCPF's email with the provider's valid Medicaid provider ID

HCPF reviews OTs, PTs, and SLPs and emails coordinators if a provider is on their staff pool list without a valid Medicaid provider ID

- Claims with invalid Medicaid Provider IDs will be denied
- Findings for:
 - Unqualified providers assigned an RMTS moment
 - Salaries and benefits claimed for unqualified providers
- Reviews are done as a courtesy to the district/BOCES
- Compliance with this requirement is the district/BOCES' responsibility



Billing and Enrollment Resources



- [InterChange](#) is the platform where claims are ultimately approved or denied by HCPF, which is different than your billing agent's billing platform
 - Billing data is sent from your billing agent's platform to InterChange
 - InterChange is the same system used by districts/BOCES to complete the district's revalidation
- Tips:
 - Proactively review InterChange to resolve denied claims before the 120-day timely filing period has passed
 - Refer to "quick guides" on [this website](#) to help troubleshoot denied claims in the InterChange provider web portal
 - Call the provider call center at 1-833-468-0362 for additional help looking up denied claims
 - The billing agent your district/BOCES has contracted with is also a good resource to assist with troubleshooting
 - Sign up for [Provider Communications Mailing List](#)



Billing and Enrollment Resources, continued



- Additional [quick guides](#) for common questions
- Provider profile
 - Set up after approval
 - Needed for provider maintenance and other requests
- Name changes
 - Remain on staff pool list with valid Medicaid Provider ID
 - [Name change guidance](#) on quick guides website
- [Revalidation website](#)
 - Individual providers
 - District/BOCES
- [Provider enrollment training](#)
- 120-day timely filing requirement
- Service documentation is required for providers to be on your direct service staff pool list
- CMS compliance requirement



Provider Call Center Vendor Change



- [Optum now operates the provider call center](#)
 - Thank you to our test callers during the soft launch
 - Knowledge Tool
- Enhancements
 - Call back feature - keeps your place in the queue
 - New [online password reset process](#) - no letters
 - Self-service options to check status on a variety of common provider questions



Support for new and returning districts/BOCES and coordinators



July
August
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October
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December
January
February
March
April
May
June



New Coordinator Mentorship

- Welcome email included resources, program contacts, and training links
- In-depth half day session in September
 - Moved up from mid-year training
 - Details coming soon
- Monthly Sessions start in October, including:
 - Fellow new coordinators
 - A stakeholder representative
 - Representatives from CDE, HCPF, and PCG



September

October

November

December

January

February

March

April

May



Local Services Plan (LSP)

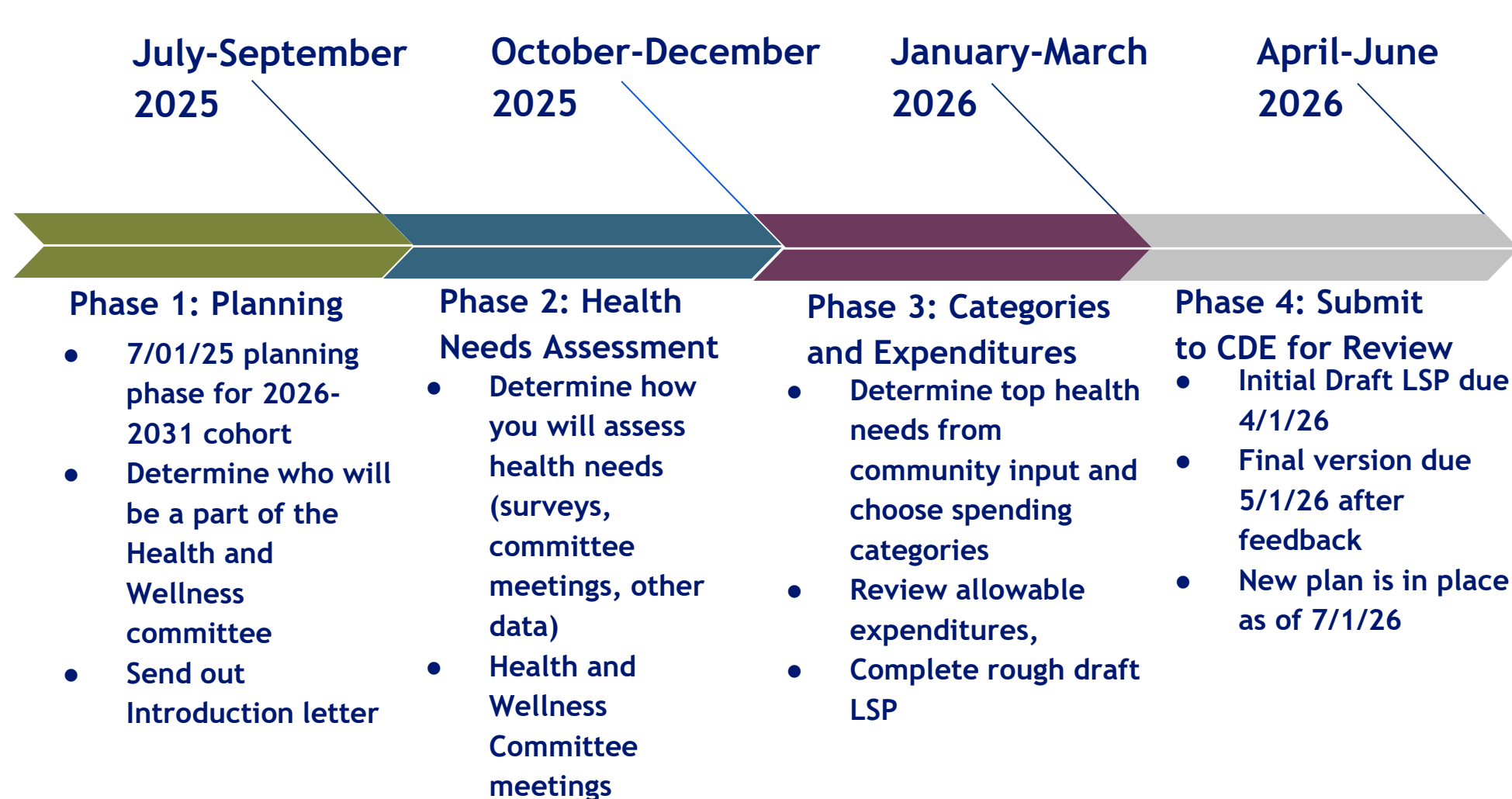


Local Services Plan (LSP)

- Describes how Medicaid reimbursement dollars will be spent in a 5-year period.
- Renewed every 5 years
- Includes Community Input via Health/Wellness Advisory Committee
- Identifies and Prioritizes Health Needs of students
- Recommend a 10 month timeline for creating an LSP
- Multiple LSP resources can be for on the [CDE Webpage](#)



Local Services Plan Timeline



Local Services Plan Phase 1: Planning

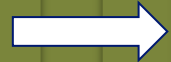


July

August

September

Review CDE
Resources



Determine
your Health
and Wellness
Committee



Send an
introduction
letter to your
committee



Local Services Plan Phase 1: Planning, CDE Resources

- [CDE SHS Website](#)
- [Program Learning tool](#)
 - Moodle course that includes the basics of the Local Services Plan
- Review [Local Services Plan Guidelines](#)
 - Overview of all the required components
 - Focus on requirements for community input and health needs assessment
- [Local Services Plan Development Strategies](#)
 - Outlined ideas and guidance to complete each of the required components of an LSP
 - Includes ideas for who to include in the Health and Wellness committee
 - How to create an informational document to share with the committee



July

August

September



Local Services Plan Phase 1: Planning Resources



July

August

September

Is my district/BOCES' LSP up for renewal?

- [CDE 2025-2026 Timeline LSP Cohort groups](#)
- All newly participating Districts will need to create an LSP.

CDE Website

- [LSP Guidelines](#)
- [LSP Learning Tool](#)
- [LSP Strategic Planning Document](#)

Stakeholder

- Not sure where to begin? Reach out to a Stakeholder
- [Reference Stakeholder area of Knowledge tool](#)

CDE Medicaid Consultant

- Four LSP work sessions will be offered (1 each quarter)
- Set up a one on one time
- Email

thornhill_a@cde.state.co.us



October - December 2025 (OD25)



Timeline Review

July - September (JS)	Slides	October - December (OD)	Slides	January - March (JM)	Slides	April - June (AJ)	Slides
✓ AJ MAC quarterly cost report	20-30	☐ RMTS moments	54-57	☐ RMTS moments	54-57	☐ RMTS moments	54-57
✓ Annual Cost Report opens	31-50	☐ JS MAC quarterly cost report	20-30	☐ OD MAC quarterly cost report	20-30	☐ JM MAC quarterly cost report	20-30
✓ OD Staff Pool List	58-69	☐ Desk Review	114-115	☐ AJ Staff Pool List	58-69		
		☐ Reimbursement Spending Report opens	120-122, 136-139				
		☐ JM Staff Pool list	58-69				

Ongoing tasks	Slides
☐ Parental Consents and Annual Notification	51-53
☐ NPI OPR Medicaid Provider ID requirement	70-75
☐ Stakeholder feedback	100-103
☐ CPE form signatures when released	107

Requirements applicable only in certain years	Slides
☐ District/BOCES revalidation	74
☐ New coordinator mentorship	76-77
☐ Comprehensive Review	116-119, 132-135
☐ Local Services Plan development	78-83, 110-113, 140-145, 161-164

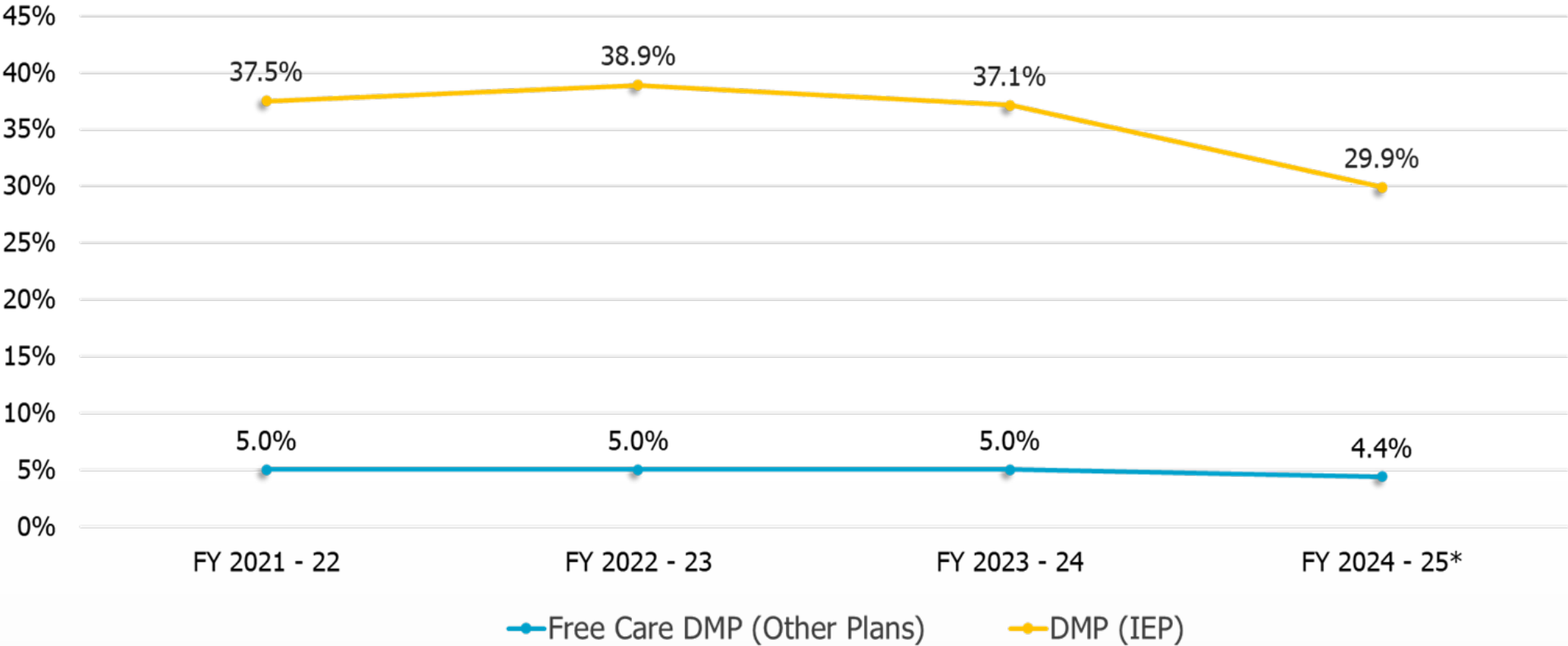
RMTS Trends



Direct Medical and Free Care Direct Medical Percentages



Statewide Direct Medical Percentages (DMPs) by Quarter

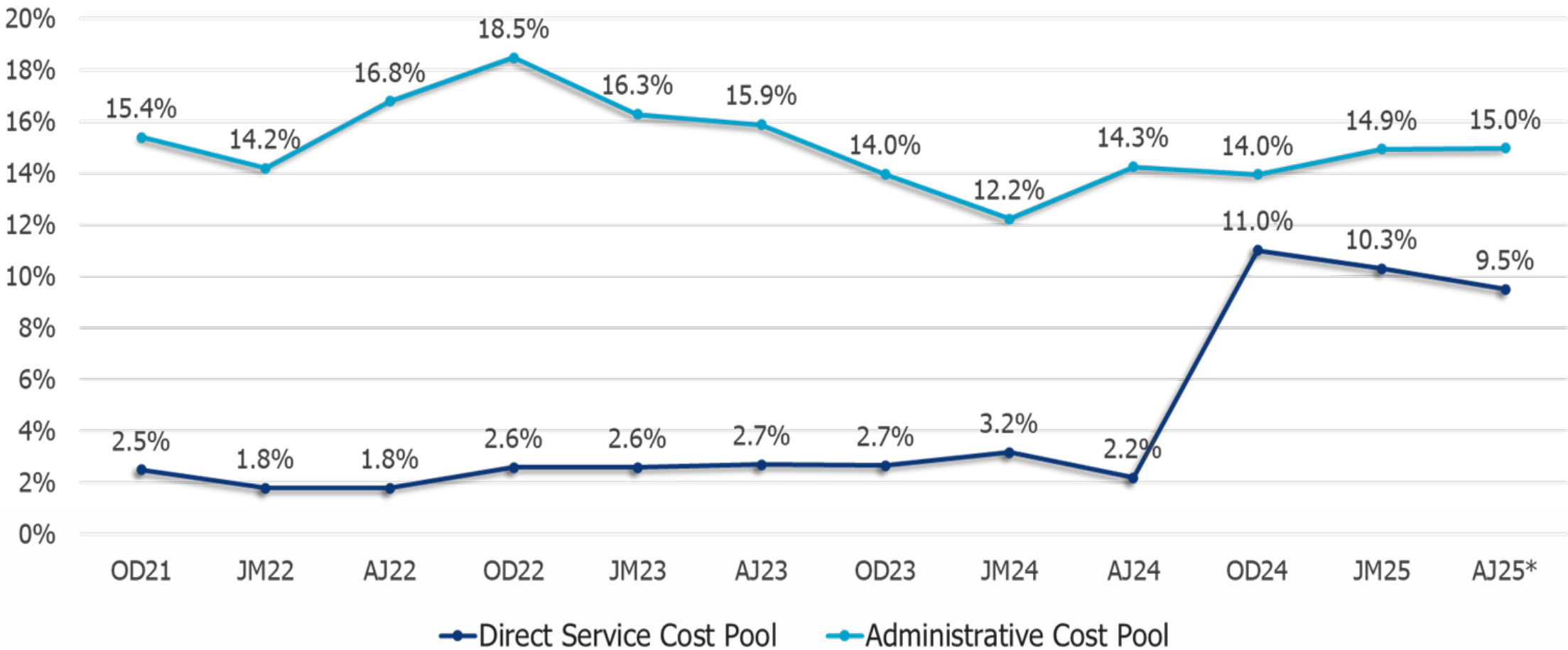


**Results are preliminary*

- October
- November
- December
- January
- February
- March
- April
- May
- June

Medicaid Administrative Claiming Percentages

Statewide MAC Percentages by Cost Pool



**Results are preliminary*

- October
- November
- December
- January
- February
- March
- April
- May
- June

Check for Understanding: RMTS

True or False?

Coordinators need to complete moments assigned to vacant positions.

False. *Moments assigned to vacant positions do not need to be marked by coordinators. No action is required for a moment assigned to a vacant position.*

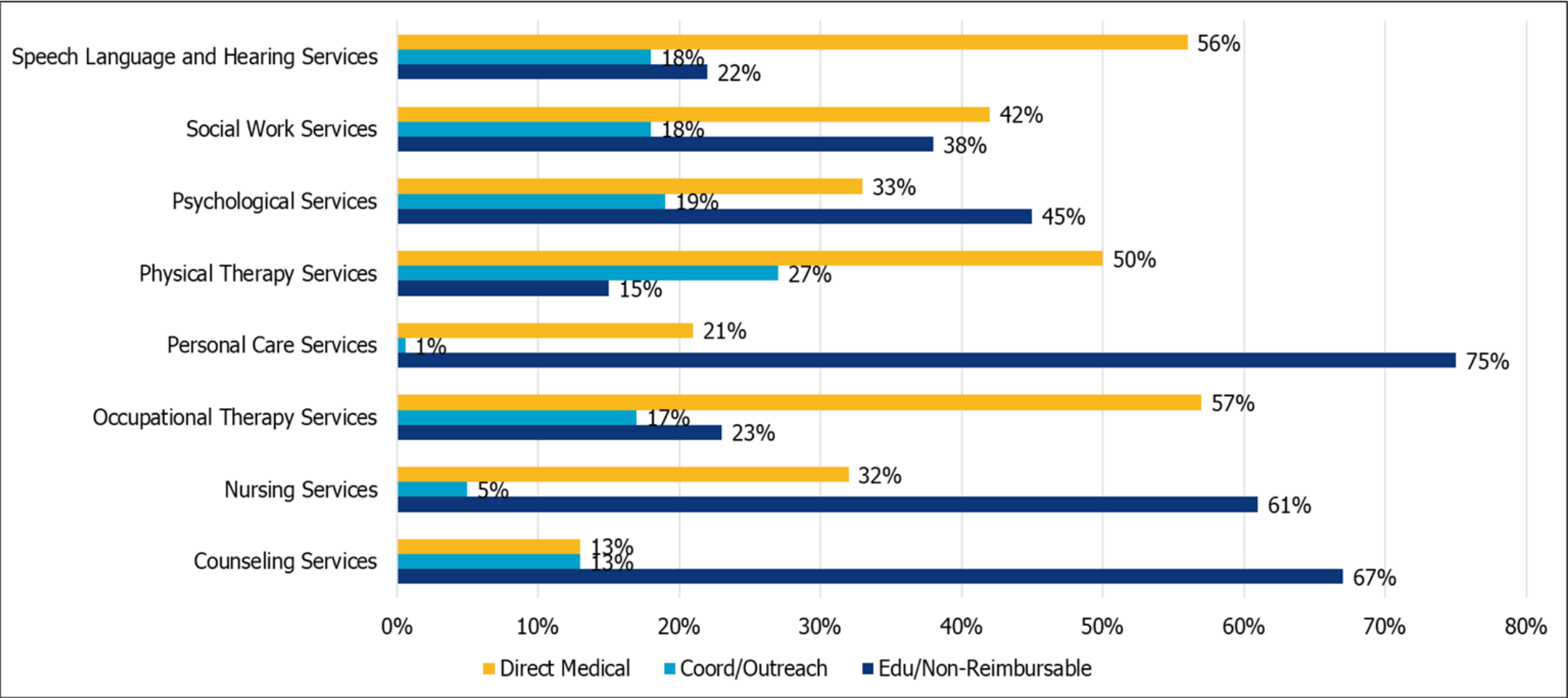
Coordinators can add new positions to the SPL to any quarter at any time.

False. *Changes can only be made to the number of positions during the SPL collection period (prior to the quarter open) and during the quarter. Once a quarter is over, no changes can be made to SPLs.*

Coordinators should have a shift for every staff member on the SPL. Only one individual can be assigned to a single shift.

False. *Shifts should reflect the position's earliest start time and latest end time so the RMTS can accurately sample the person's working hours. Shifts should be assigned to every staff member on the SPL, but multiple people can be assigned to a shift.*

FY 2024-25 Direct Service RMTS Results by Service Type



- October
- November
- December
- January
- February
- March
- April
- May
- June

Note: All time study results are preliminary

Medicaid Enrollment and Eligibility Renewals



**An extra hand
for parents with
their hands full**

Now, you have one less thing to worry about. Health First Colorado offers free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Families of four earning up to nearly \$39,000 annually or more may qualify.

Go to **HealthFirstColorado.com**
or call **1-800-221-3943**
to learn more about affordable
health coverage for your family.

  **InsureKidsNow.gov**

 **Health First
COLORADO**
Colorado's Medicaid Program

General Awareness About Kids Coverage

Flyers can be shared with
parents and caregivers about
Health First Colorado health
coverage for kids.

You can help [#KeepCOCovered](#)

Toolkit Materials to Support Eligibility Renewals

We appreciate your continued support in raising awareness about Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus* (CHP+) enrollment and ongoing eligibility reviews.

Learn more about [Eligibility Renewals](#) and share toolkit materials to raise awareness and help Keep Coloradans Covered.

- Print and/or email flyers reminding Health First Colorado and CHP+ members to Prepare for and Take Action when their eligibility is reviewed.

Raising Awareness of Medicaid Renewals

This half sheet flyer can be printed and handed out to help remind Health First Colorado or CHP+ members to prepare and take action when it's their time to renew

Take Action Toolkit/flyers

You can help #KeepCOCovered

Do You Have Medicaid or CHP+? Get Ready to Renew!



Update your contact information and sign up for notifications in the Health First Colorado app or your PEAK account.



When it's your time to renew, complete, sign and return your paperwork right away.



Return documentation through the Health First Colorado app, online at co.gov/PEAK, or by mail.



Need help? Scan the QR code to find your County Department of Human Services or visit hfcgo.com/renewals



What if I no longer qualify?

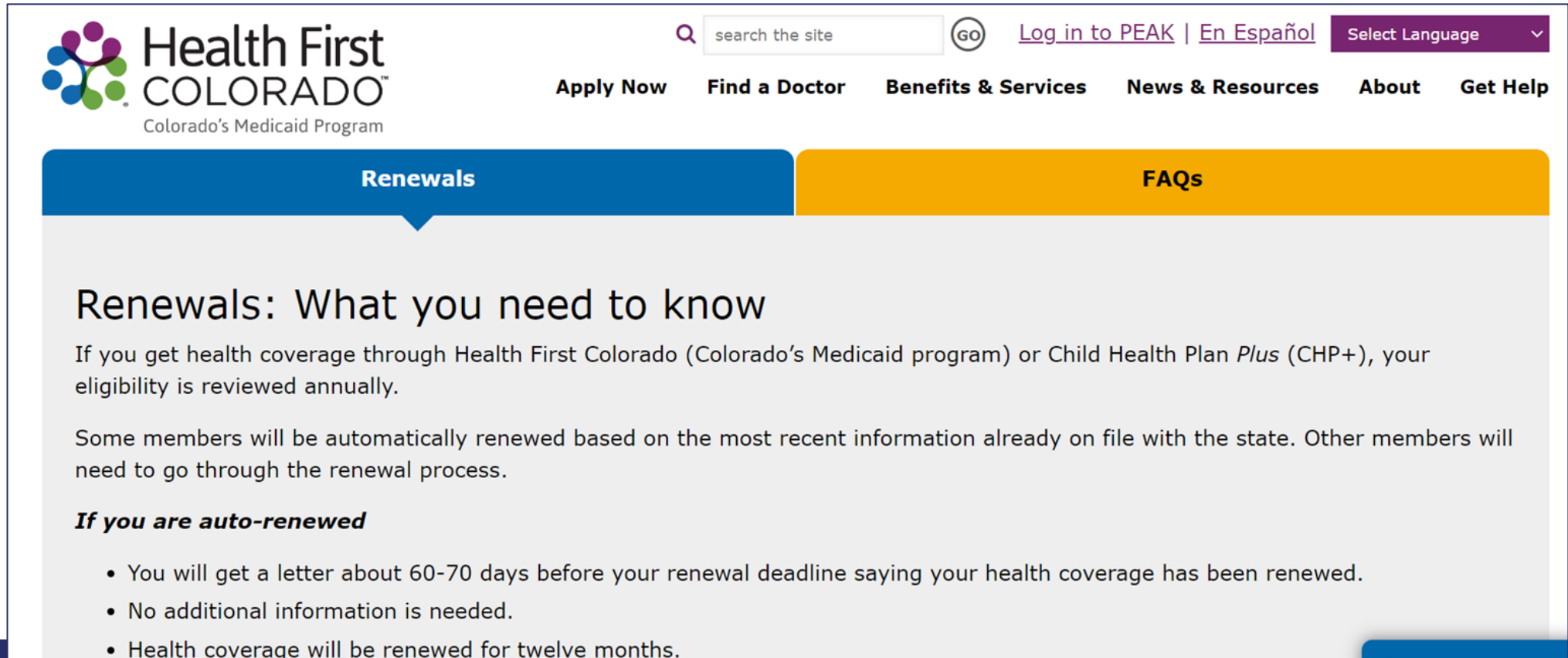
Other health coverage options include:

- Employer coverage, check with your employer to learn about options, rules and deadlines.
- Coverage through a family member's health insurance.
- Coverage through Connect for Health Colorado (Colorado's official health insurance marketplace).
- Coverage through Medicare, for people age 65 or older or people under 65 with certain disabilities.
- Coverage for active or former military, naval, or air service through Tricare (active) or VA (veterans).

If you have questions or need help visit hfcgo.com/options to learn more.

Health First Colorado Renewals Page

Members can learn more about eligibility renewals by visiting Health First Colorado's renewal webpage, available in [English](#) and [Spanish](#).



The screenshot shows the Health First Colorado website's renewal page. The header includes the Health First Colorado logo, a search bar, a 'GO' button, and links for 'Log in to PEAK', 'En Español', and a 'Select Language' dropdown. A navigation bar contains links for 'Apply Now', 'Find a Doctor', 'Benefits & Services', 'News & Resources', 'About', and 'Get Help'. Below the navigation bar, there are two tabs: 'Renewals' (active) and 'FAQs'. The main content area is titled 'Renewals: What you need to know' and contains the following text:

If you get health coverage through Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+), your eligibility is reviewed annually.

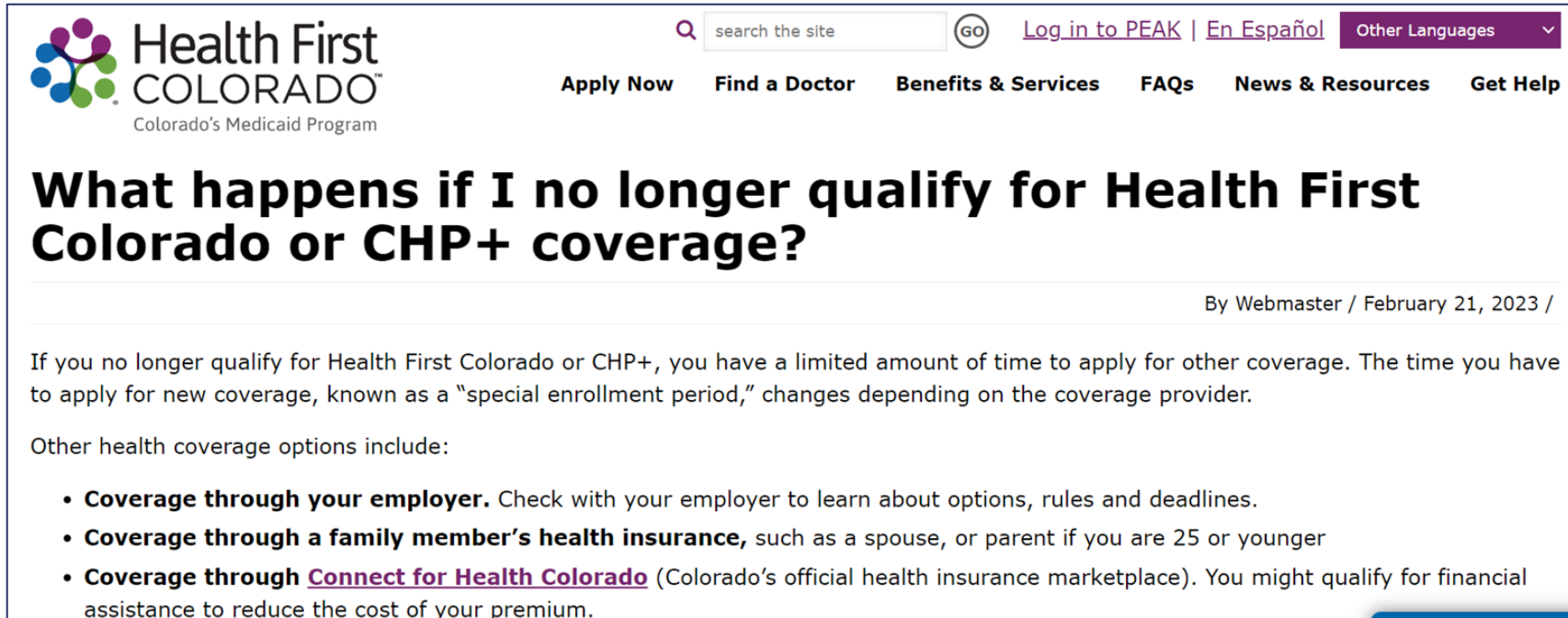
Some members will be automatically renewed based on the most recent information already on file with the state. Other members will need to go through the renewal process.

If you are auto-renewed

- You will get a letter about 60-70 days before your renewal deadline saying your health coverage has been renewed.
- No additional information is needed.
- Health coverage will be renewed for twelve months.

You can help #KeepCOCovered

People, who do not qualify for Health First Colorado or CHP+, can learn about other health coverage options on the Health First Colorado webpage, available in [English](#) and [Spanish](#).



The screenshot shows the Health First Colorado website. The header includes the logo, a search bar, and navigation links. The main content area features an article titled "What happens if I no longer qualify for Health First Colorado or CHP+ coverage?" by Webmaster, dated February 21, 2023. The article text explains the "special enrollment period" and lists other health coverage options.

Health First COLORADO™
Colorado's Medicaid Program

search the site GO Log in to PEAK | En Español Other Languages

Apply Now Find a Doctor Benefits & Services FAQs News & Resources Get Help

What happens if I no longer qualify for Health First Colorado or CHP+ coverage?

By Webmaster / February 21, 2023 /

If you no longer qualify for Health First Colorado or CHP+, you have a limited amount of time to apply for other coverage. The time you have to apply for new coverage, known as a "special enrollment period," changes depending on the coverage provider.

Other health coverage options include:

- **Coverage through your employer.** Check with your employer to learn about options, rules and deadlines.
- **Coverage through a family member's health insurance,** such as a spouse, or parent if you are 25 or younger
- **Coverage through [Connect for Health Colorado](#)** (Colorado's official health insurance marketplace). You might qualify for financial assistance to reduce the cost of your premium.

Appeals Resources

Learn more about appeals on the Health First Colorado and HCPF websites:

- English Health First Colorado webpage:
<https://www.healthfirstcolorado.com/appeals>
- Spanish Health First Colorado webpage:
<https://www.healthfirstcolorado.com/es/apelaciones/>
- English HCPF:
<https://hcpf.colorado.gov/appeals#KeepingYourHealthCoverage>
- Spanish HCPF: <https://hcpf.colorado.gov/apelaciones>

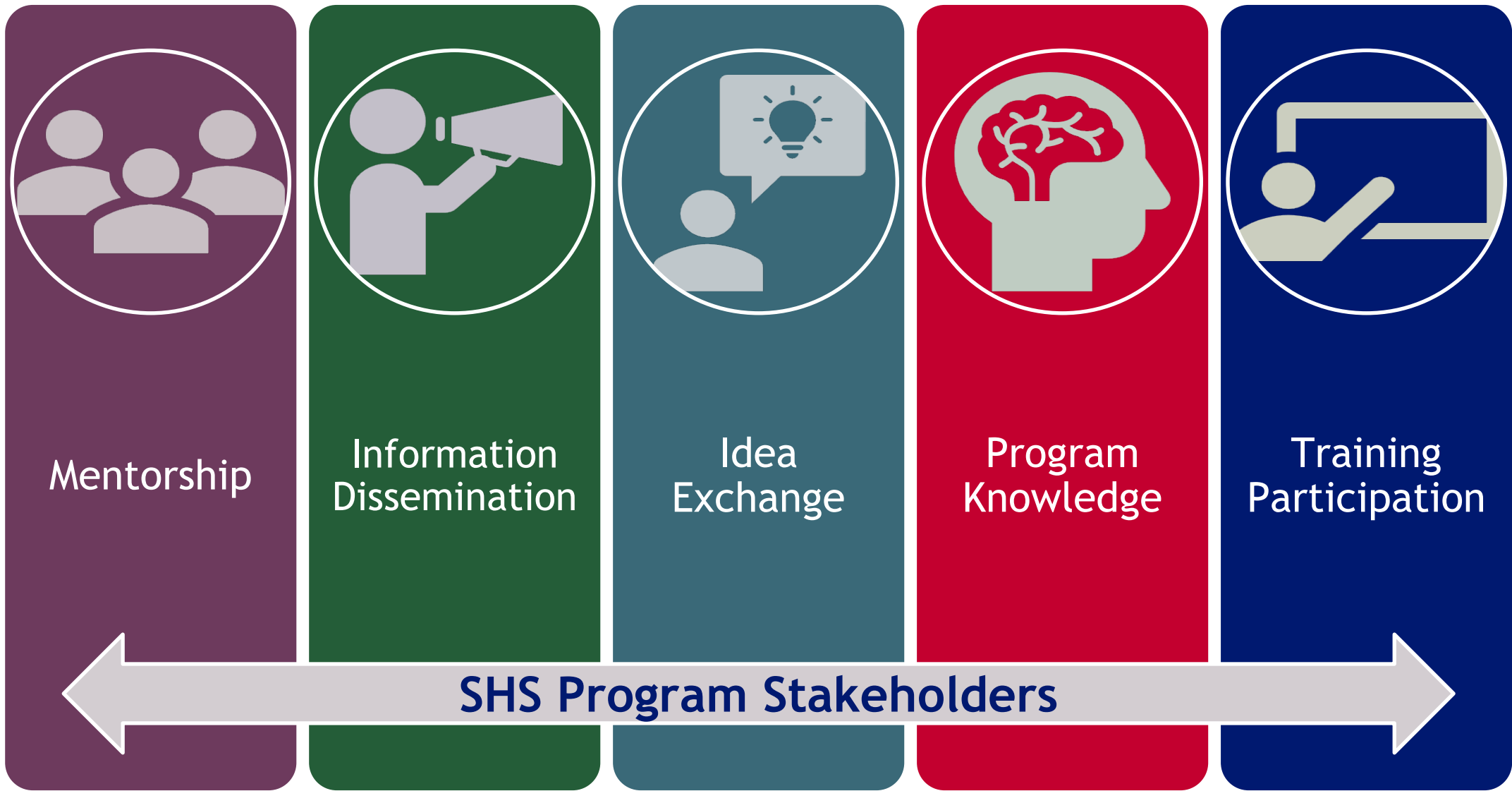
HCPF Federal Resources

HCPF resources and website for [Understanding the Impact of Potential Federal Funding Cuts to Medicaid](#)

- [Video message from Executive Director Bimestefer](#) explaining potential impacts of federal cuts and what we're doing to protect Medicaid coverage in Colorado
- [Statement](#) in response to the passage of H.R. 1, the One Big Beautiful Bill Act
- [CO Medicaid Insights and Potential Federal Medicaid Reduction Impact Estimates](#)
- [Hospital Provider Fee fact sheet](#)
- [Long Term Services and Supports fact sheet](#)
- [Medicaid Coverage and Funding by Congressional District Fact Sheets](#)
- [Work Requirements Fact Sheet](#)
- [County Medicaid Fact Sheets](#)
- [Medical Assistance Coverage fact sheet](#)

SHS Stakeholder Program





July
August
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June



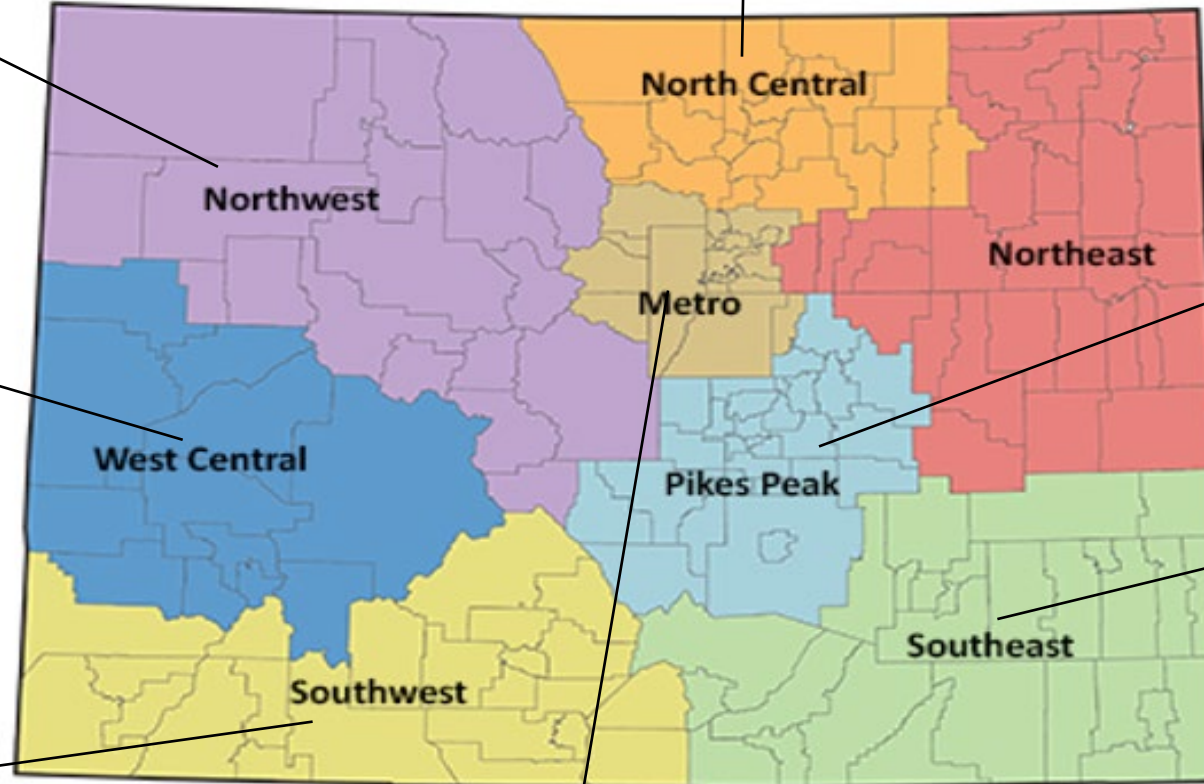
Who is your Stakeholder?



Corey Smith, Poudre

Heidi Forward-Kraft, Canon
City Schools
Traci Woofter, Ute Pass BOCES

Eva Geske, Mesa County
Valley



Sheryl Pixley, El Paso 49
Leslie Burdekin, Pikes Peak
BOCES
Michelle Camille, Pueblo School
District

Adeline Duarte-Lee,
San Luis Valley and South
Central BOCES

Marlee Hart,
Archuleta/Dolores/Montezuma-Cortez, San
Juan BOCES, Durango

Lynda Keeley, Cherry Creek
Marie LeBlanc, Englewood Schools
Nancy Bunjes, Adams 12

Community Partners
Aurora Ramsden, Frontline
Jason Ambrose, The Consortium
Joe Kinney, Kinney & Associates



Stakeholder Program

- Feedback requested from all districts/BOCES before each stakeholder meeting
- Stakeholders are resources for program implementation, not policy decisions
- Every district/BOCES is different - coordinators make decisions based on your own district/BOCES policies, procedures, and roles



October

January

April



National Alliance for Medicaid in Education (NAME)

- Philadelphia, PA
- NAME Leadership in Colorado
- Welcome Reception
- Learning sessions
- Silent Auction
- Member's Meeting
- Best practice sharing
- [Registration link](#)

23rd Annual NAME Conference

“For the LOVE of Medicaid”
OCTOBER 7-10, 2025



October



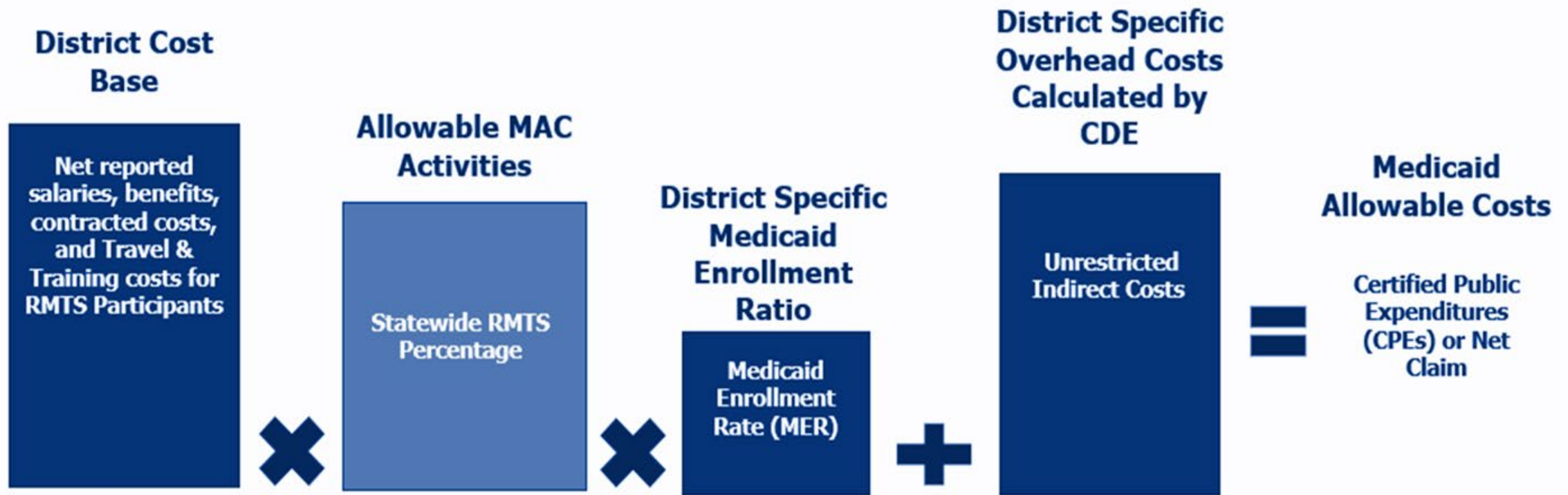
COLORADO
School Health Services Program

MAC Claim Calculation



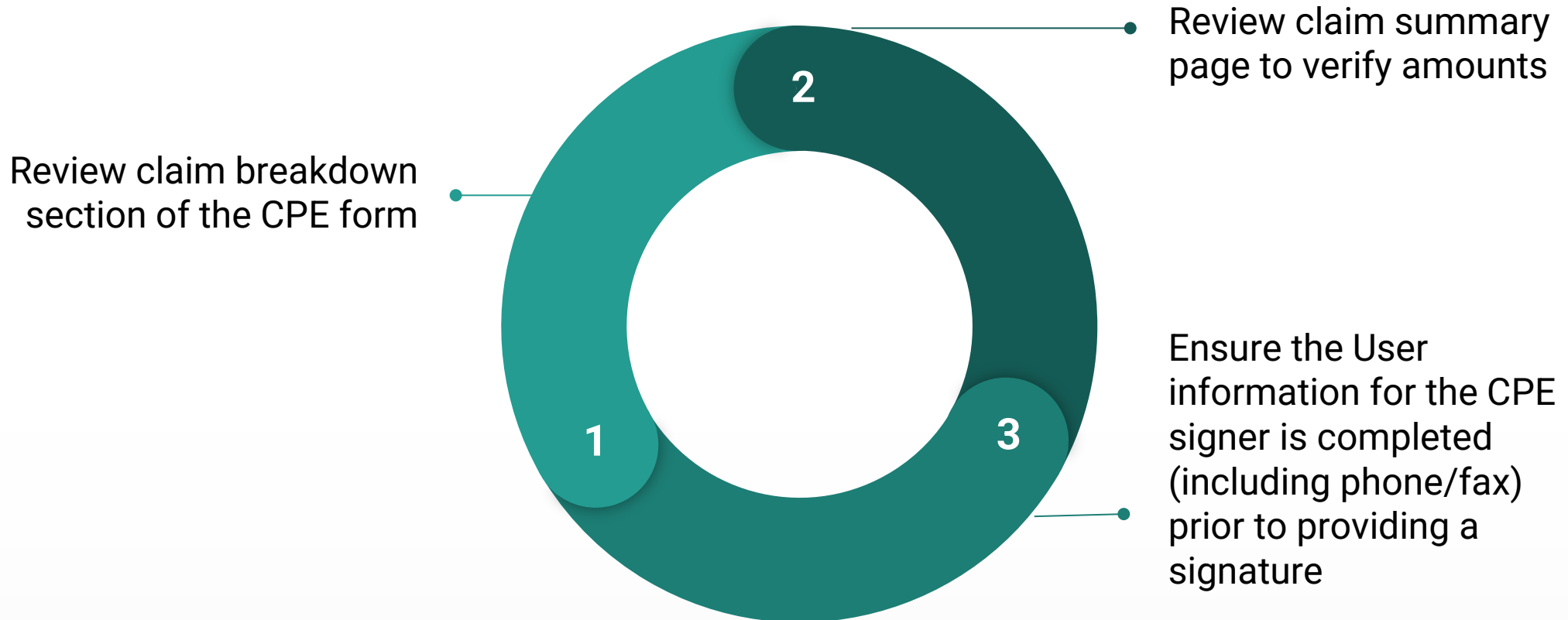
MAC Claim Calculation

The MAC claim is calculated every quarter using these components and basic formula



CPE Form Submission

The MAC Claim process is completed after an electronic signature is provided on the CPE form. It is important that HCPF has approved the CPE signer with the appropriate district/BOCES title (ex. CEO, CFO, Superintendent)



October

May

June

Check for Understanding



It is October 10th,
and I just certified
my Quarterly MAC
Financials.

What should I do
now?

Once your Quarterly
MAC Financials have
been successfully
certified, the next step
would be responding to
any edit check emails.

Once the CPE form is
available, you will need
to complete by the
specified due date.

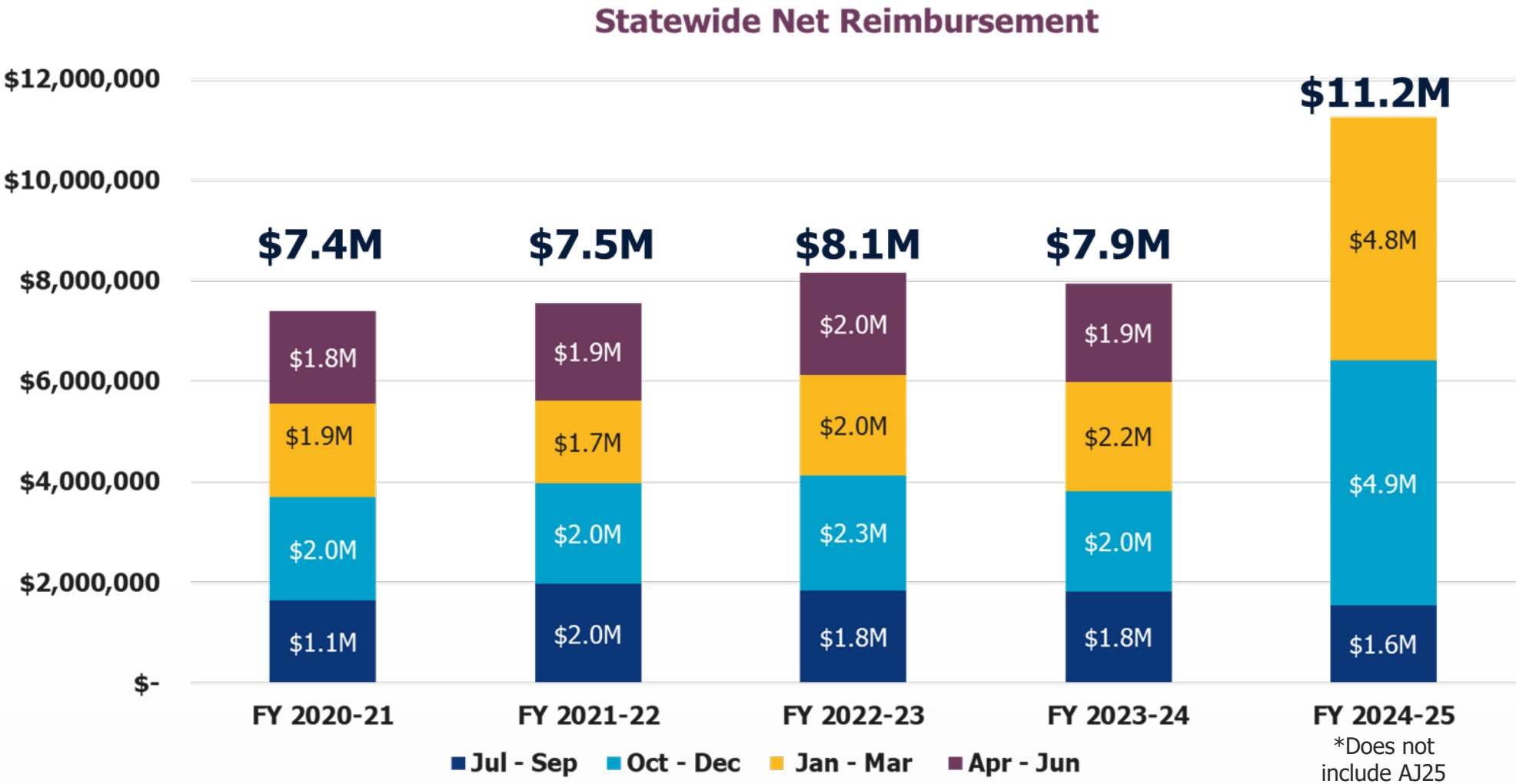
July

October

January

April

Medicaid Administrative Claiming (MAC) Reimbursement



July

October

May

June

Local Services Plan (LSP)



Local Services Plan Phase 2: Health Needs Assessment



October
November
December

Determine how
you will assess
Health Needs



Send out
Health Needs
Assessment



Have Health
and Wellness
Committee
Meetings



Local Services Plan Phase 2: Health Needs Assessment



- Review Part II A of the [Local Services Plan](#)
 - This sections contains all the questions about the Community Health Needs and Uninsured/Underinsured that must be addressed and answered
- Assess the Health Needs of the Community
 - This can be achieved a few different ways
 - [CDE Health Needs Assessment](#)- Template survey you can share with your committee
 - Create your own survey
 - Access data from other Health needs surveys and assessments in your community (Healthy Kids ect.)
 - Meeting and discussing with your committee

October
November
December



Local Services Plan: Health And Wellness Committee

Here are a few ideas of who could be included in your Health and Wellness Committee. You can find more examples on the [CDE Local Services Plan Development Strategies document](#).

Staff

- Nurses
- Special Service Providers
- Mental Health Team
- Special Education Staff

Community

- Community-Based Organizations
- County Public Health
- Health Care Providers
- Parents



October
November
December

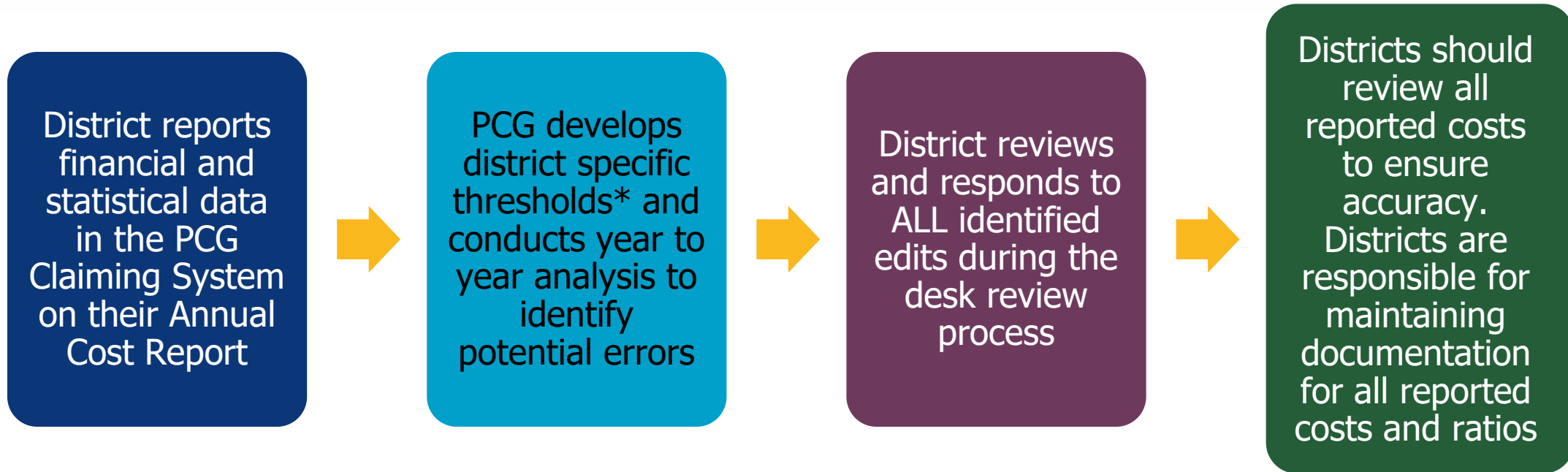


Desk Review

The desk review process begins after your cost report is submitted and certified.
PCG will create desk reviews from late August through late November.



Desk Review



August
September
October
November

*PCG uses statewide thresholds when sufficient district data is not available

Comprehensive Review

At Least Once Every 3 Years

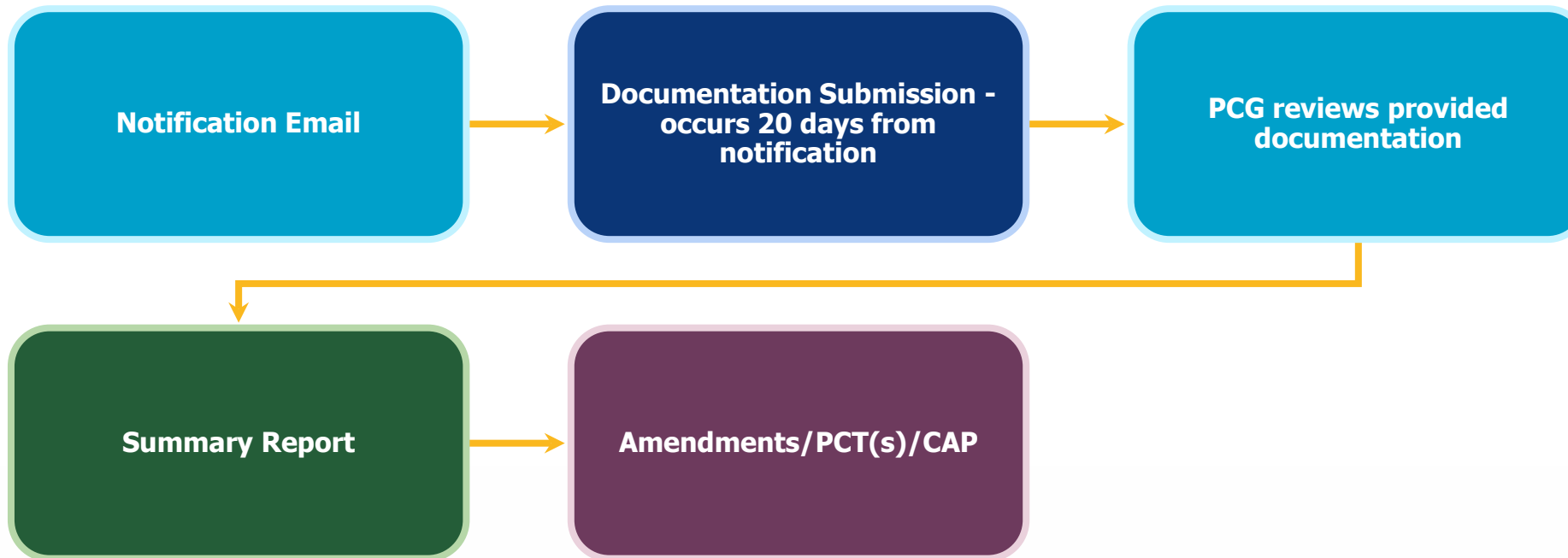


Comprehensive Review Process



Each district is selected for a Comprehensive Review at least once every three (3) years

- The purpose of the review is to ensure districts have accurately reported financial information and have proper documentation to support the MAC claim and Annual Cost Settlement
- Districts will have 20 days from the date on the notification email to provide the requested documentation



August
September
October
November
December
January
February

Documentation Reminders



To support each category of costs, districts are required to maintain the following documentation:

Payroll Costs

- Fund/account codes
- Cash-basis (pay dates) for MAC and accrual-basis (dates of service) for annual
- Salary and benefits broken out separately

Other Costs

- Fund/account codes
- Name of the item
- Purchase price

IEPs/Other Plans of Care

- Covers selected dates of services
- Valid for the time period being reviewed

Provider Licensure

- Review licensure dates prior to placing an individual on the direct service SPL
- Pay attention to licensure when adding staff to the direct service SPL and select the correct job category according to credentials

Transportation Costs

- Fund/account codes
- Break out all costs by category
- Use system-generated reports

August

September

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November

December

January

February

Parental Consents: Comprehensive Review Process



Email and Timeline

- Districts/BOCES under Comprehensive Review will receive a separate email from CDE with instructions
- Timeline for submitting documentation will be due 20 days after the email notification

New
Timeline

Required Documentation

- Gather Parental Consent documentation for list of students in the Syncplicity shared file
- Parental Consents are required for the same students selected for the PCG portion of the comprehensive review

Upload

- Upload Parental Consents to the Syncplicity share file
- This will be unique to your district/BOCES and you will receive a link to access the share file

August
September
October
November
December
January
February



Reimbursement Spending Report



Reimbursement Spending Report: Introduction



- District/BOCES report reimbursement spending to CDE with one annual spending report
- Informs CDE and HCPF on how Medicaid reimbursement dollars were spent in given fiscal year
- Not to be confused with Annual Cost Report submitted to HCPF/PCG
- Includes general information, administrative expenditures, and health service expenditures
- Window to submit this report is October 1, 2025-February 27, 2026
 - Should include spending for (FY) 2024-25
 - Official Report will be submitted on the [CDE SHS Website](#) through formsite link [Submit Report here](#)
 - Once opened the report can be saved and continue to be edited before submission

October

November

December

January

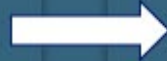
February



Reimbursement Spending Report: How to get started



Learning Tool on
CDE SHS website



Work with
finance team to
gather all the
expenditures
for (FY) 2024-25



Sign up for
Reimbursement
Spending Report
work sessions
with CDE

October
November
December
January
February



PCG Claiming System Demonstration



January - March 2026 (JM26)



Timeline Review

July - September (JS)	Slides	October - December (OD)	Slides	January - March (JM)	Slides	April - June (AJ)	Slides
✓ AJ MAC quarterly cost report	20-30	✓ RMTS moments	54-57	☐ RMTS moments	54-57	☐ RMTS moments	54-57
✓ Annual Cost Report opens	31-50	✓ JS MAC quarterly cost report	20-30	☐ OD MAC quarterly cost report	20-30	☐ JM MAC quarterly cost report	20-30
✓ OD Staff Pool List	58-69	✓ Desk Review	114-115	☐ AJ Staff Pool List	58-69		
		✓ Reimbursement Spending Report opens	120-122, 136-139				
		✓ JM Staff Pool list	58-69				

Ongoing tasks	Slides
☐ Parental Consents and Annual Notification	51-53
☐ NPI OPR Medicaid Provider ID requirement	70-75
☐ Stakeholder feedback	100-103
☐ CPE form signatures when released	107

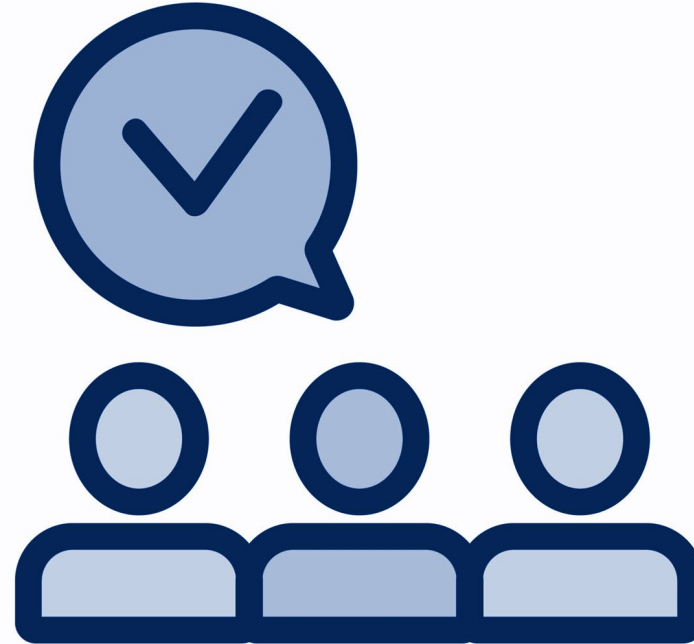
Requirements applicable only in certain years	Slides
☐ District/BOCES revalidation	74
☐ New coordinator mentorship	76-77
☐ Comprehensive Review	116-119, 132-135
☐ Local Services Plan development	78-83, 110-113, 140-145, 161-164

Staff Pool List Activity



Staff Pool List Activity

- Together we are going to decide if they belong on our SPL
- Considerations:
 - Cost Pool: Admin or Direct Service
 - Funding: Is this provider entirely federally funded?
 - Shift type: What shift should this individual be assigned?



Staff Pool Activity

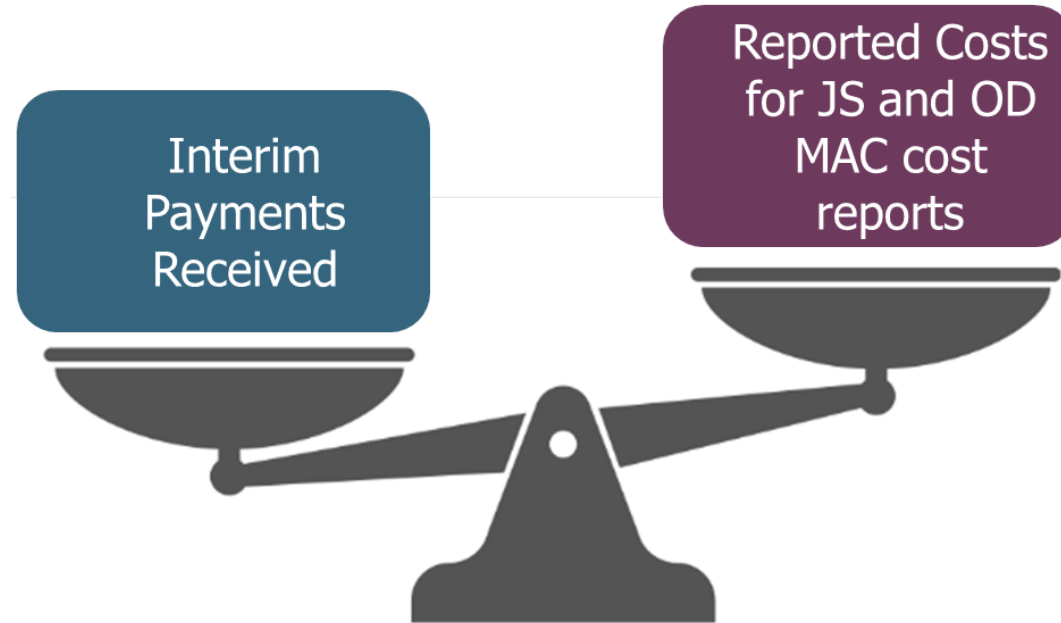
Name	Job Title	Federal Funds	Working Hours	Should We Include on the SPL? If so, Which Cost Pool?
Michael Martinez	Licensed Occupational Therapist	0%	Monday and Tuesday 8am-3pm	Yes – Direct Service
Sarah Williams	Pupil Support Services Administrator	10%	Monday – Friday, 8am – 4pm	Yes – Admin
Jane Spencer	Interpreter	50%	Monday – Friday, 8am – 4pm	Yes – Admin
Michael Smith	Licensed Registered Professional Nurse	15%	Monday – Friday, 8am – 4pm	Yes – Direct Service
Emily Hernandez	Licensed Clinical Social Worker	100%	Monday and Tuesday 8am – 3pm	No – Due to Funding
Henry Jones	Licensed Speech Language Pathologist	30%	Monday, Wednesday and Friday 8am – 3pm	Yes – Direct Service

Mid-Year Rate Review



Mid-Year Rate Review

- The mid-year rate review compares current interim payment amounts to recent direct service SPLs and the direct service costs of the most recent July and October MAC cost reports
- Recommendations will be made to lower or forgo payments if total interim payments are projected to exceed projected total allowable costs
- HCPF will contact districts if there are any concerns



Comprehensive Review Findings



FY 2024-25 Comprehensive Review Findings



Standard	Review Topic	Number of Districts with Findings	Percent of Districts with Findings
1A	Annual Salaried and Contracted Costs	12	60%
3	Quarterly Payroll and Contracted Costs	10	50%
1D	Transportation Payroll Costs	3	15%
2C	IEPs/Other Medical Plans of Care	3	15%
1E	Transportation Other Costs	3	15%
2B	Attendance Logs	3	15%
1B	Direct Medical Other Costs	2	10%
1F	Transportation Equipment Depreciation Costs	2	10%
1G	General and Statistical Information	1	5%

February

Corrective Action Plan



Districts scoring **8 out of 12** (or **5 out of 8** if not reporting transportation) **or lower** will be issued a **Corrective Action Plan (CAP)**.



HCPF will send **formal notification** of the CAP to the district.



The CAP will include:

- A **required Program Compliance Training (PCT)** for each failed performance standard.
- A **district self-review** to be submitted to HCPF.



Based on performance, some districts may be selected for an **additional Comprehensive Review** before the standard three-year cycle.

February

Performance Standard Scores



Each standard is assessed using a simple **Pass or Fail** rating.

Example:

Payroll costs submitted for each sampled employee in the PCG Claiming System must exactly match the supporting documentation.

If even one employee's reported costs do not align with the documentation, the district receives a **Fail** for that standard.

The district's **overall results and score** from the review will determine the appropriate **next steps**.

Performance Standards	
Standard	Review Topic
1A	Annual Salaried and Contracted Costs
1B	Direct Medical Other Costs
1C	Licensure
1D – if applicable	Transportation Payroll Costs
1E – if applicable	Transportation Other Costs
1F – if applicable	Transportation Equipment Depreciation Costs
1G – if applicable	General and Statistical Information
2A	Service Logs
2B	Attendance Logs
2C	IEPs and/or Other Plans of Care
3	MAC/Quarterly Financials
4	Documentation Due Date

February

Reimbursement Spending Report



Reimbursement Spending Report: Expenditure Reminders



- Official Report will be submitted on [CDE SHS Website](#) through formsite link [Submit Report here](#) by February 27, 2026
- Make sure expenditures are broken between Administrative and Health Services
 - Administrative
 - Spending related to administering the SHS program. Examples include- Medicaid coordinator salary/benefits, travel costs for annual training, NAME, billing agent
 - Recommended to keep cost below 20%
 - Health Service
 - All other spending related to health service categories and subcategories
 - Should match planned health categories and objectives in the LSP

October
November
December
January
February

Reimbursement Spending Report: Narratives



Scope

Identify

Purpose

Is the item or service being described covered by Medicaid Reimbursement dollars?

Is the item or service recognizable or easily searchable?

How does the expenditure support program administration or address student(s) health needs?

October
November
December

January
February



Reimbursement Spending Report: Resources

Narrative Support

- [Report Narrative Support](#)

Expenditure Support

- [Learning Tool](#) (including how to videos)
- [Reimbursement Support worksheet](#)

Stakeholder

- Reach out to a Stakeholder for advise
- Reference [Stakeholder area of Knowledge tool](#)

CDE Medicaid Consultant

- Sign up for a Reimbursement Support work session
- Set up a one on one time
- Email
thorhill_a@cde.state.co.us



October
November
December
January
February



Local Services Plan (LSP)



Local Services Plan Phase 3: Categories and Expenditures



Prioritize health needs from community input, choose spending categories



Review allowable expenditures



Complete your rough draft of LSP

January

February

March



Local Services Plan Phase 3 : Expenditure Support



- Review [Local Services Plan Guidelines](#)
 - Under CDE Health Service Category Definitions, there are detailed examples of appropriate expenditures for each of the main categories and subcategories
- [Expenditure Allowability Support Document](#)
 - Reviews factors to consider when determining if an expense is allowable
 - Covers why different expenses have been denied in the past
- Reach out to CDE for any spending or expenditure questions

January

February

March



Local Services Plan Phase 3: Prioritize Health Needs

- Answer section **Part II A** of the [Local Services Plan](#)
 - Answer questions based on community input, Health needs Assessment, prioritize health needs
- **Part III A-** From the top health needs, choose from the 6 main expenditure categories and subcategories



Main Categories (Rows)	Sub-Categories (Columns)				
	(A) FTEs & Contracted Personnel	(B) Equipment, Materials, & Supplies	(C) Professional Development & Trainings	(D) Screenings & Assessments	(E) Assistance & Emergency Funds
(1) Nursing					
(2) Mental Health					
(3) Student Health					
(4) Special Service Providers					
(5) Outreach & Enrollment					
(6) Transportation					

January

February

March



Local Services Plan Phase 3: Types of Expenditures



Administrative

- Expenditures for administering the school Health Services program
- Examples: Salary/benefits for a Medicaid coordinator, billing agent, cost for attending NAME or Annual Training
- Recommend to keep this cost below 20% of total spending, 30% for newly participating districts

Health Service

- Must satisfy a health need
- Cannot be for general education
- Relate back to six main categories and five subcategories
- Consider lower cost options that would equally satisfy the need

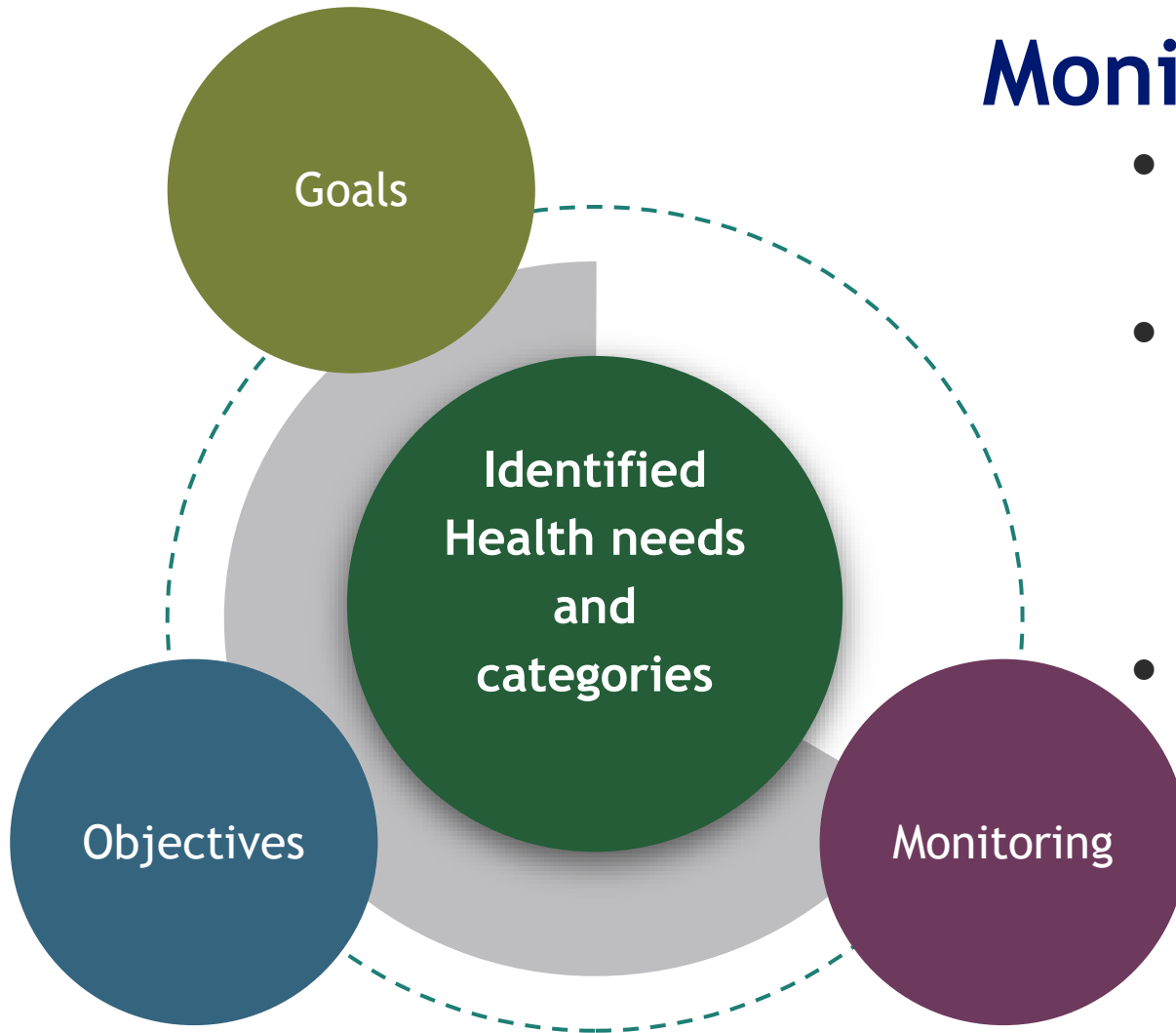
January

February

March



Local Services Plan Phase 3: Goals, Objectives, Monitoring



- Goals
 - Bigger picture idea to satisfy a health need
- Objectives
 - What will be purchased
 - Be specific enough to understand the purchase and why it relates to the goal but don't limit your opportunities
- Monitoring
 - Who will monitor that the purchases meet the goal
 - Enter specific staff or systems that will be used
 - Example- Medicaid coordinator, finance office, transportation office, payroll systems

January

February

March



Check for Understanding-CDE Program Components





1. The spending total on the Reimbursement Spending Report should match your Annual cost Report to PCG from the same Fiscal Year.

A. True

B. False

It is not required you spend all reimbursement for any given year. You may have carryover for the next year or you may be spending carryover from a previous year.



2.) Where should you include this expenditure on the Reimbursement Spending Report?



Expenditure- “CPR training materials”

- A. Administrative Expenditures
- B. Health Service Expenditures**
- C. It could be put under Administrative or Health Service
- D. This is not an allowable expenditure

It is a common mistake to include this purchase as an Administrative Expenditure. Administrative expenditures relate only to the administration of the SHS program. “Expenses that keep the program going”



3.) Does satisfying a health need automatically make an expenditure allowable?



A. Yes

B. No

An allowable expenditure must satisfy a health need and be outlined as a planned expenditure on the LSP



4.) What is wrong with the narrative in the Reimbursement Spending Report?

Narrative:

“\$5500 was used to purchase updated screening and assessments for staff”

- A. The item/service was not identifiable
- B. The purpose of the purchase is not stated
- C. A and B
- D. This most likely is not an allowable purchase

All narratives must include scope, identity, and purpose. The screening and assessments have not been made identifiable and the narrative did not connect the satisfying of a health need to the purchase.



5.) It's possible to spend reimbursement dollars on specialized transportation even if I don't claim transportation costs for reimbursement.

A. True

B. False

Even if claiming costs related to transportation does not make sense for your district/BOCES, you could still spend reimbursement dollars on health related transportation needs. For example specialized equipment or FTE for specialized transportation. The health needs related to transportation would need to be clearly outlined in the LSP.



6.) What is potentially missing from this LSP?



Main Categories (Rows)	Sub-Categories (Columns)				
	(A) FTEs & Contracted Personnel	(B) Equipment, Materials, & Supplies	(C) Professional Development & Trainings	(D) Screenings & Assessments	(E) Assistance & Emergency Funds
(1) Nursing	X	X			
(2) Mental Health	X	X			
(3) Student Health					
(4) Special Service Providers	X		X		
(5) Outreach & Enrollment					
(6) Transportation		X			

Goal	Objective(s)	Monitoring Plan
Goal 1: To expand Mental Health services in the district to assist with the growing number of students with behavior plans and increased need for social emotional student supports.	Objective 1: Hire 3 FTE School Social Workers Objective 2: Purchase CPI training as Professional Development for mental health Staff to help de-escalate student behaviors Objective 3:	Plan 1: The Medicaid Coordinator will work with the finance team to monitor payroll for hired staff and approve invoices for any professional development purchases.

- A. The objectives need more description
- B. Missing "X" in a sub-category box
- C. The goal doesn't address a health need
- D. It doesn't say who will monitor the plan

Professional development for Mental Health was listed in the objectives but it is not a chosen sub-category



7.) Which of the following is not true for LSPs?

- A. An LSP may be revised at any point
- B. The categories, goals, and objectives need to be based of the prioritized health needs
- C. You can reference additional data and other community health needs assessments in your LSP
- D. When revising an LSP you do not need to factor in the health needs of the community

While you can revise your LSP at any point, the health needs identified from community input must still be factored into any changes to planned spending.



CDE

Check for Understanding

Recap



April - June 2026 (AJ26)



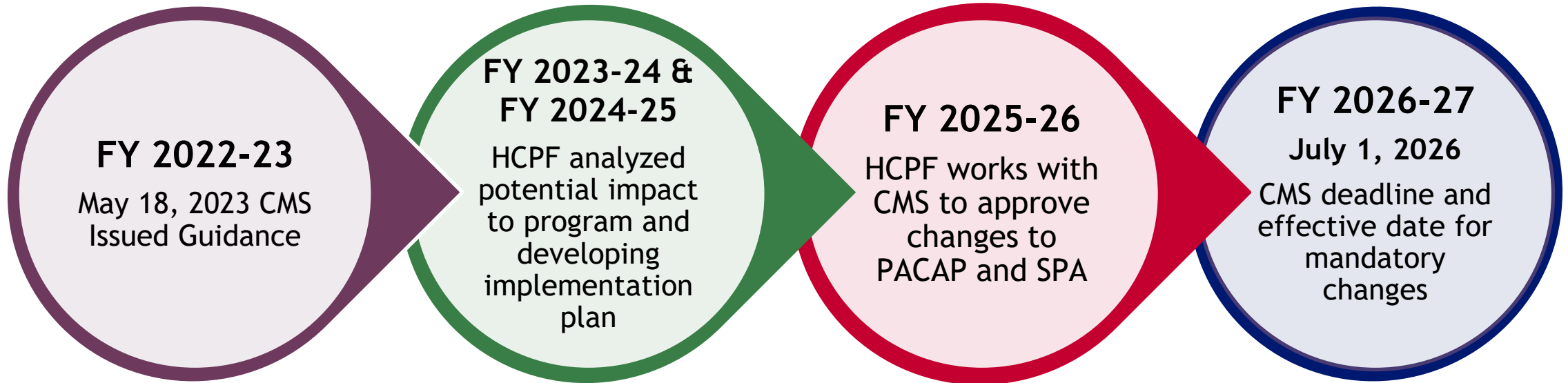
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☐ Local Services Plan development	78-83, 110-113, 140-145, 161-164

CMS Comprehensive Guide Timeline



CMS Comprehensive Guide



- Delivering Services in School Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming issued May 18, 2023
- Direct questions to HCPF
- No anticipated changes around direct service billing
- CMS suggested several program enhancements that Colorado already had in place

Changes to be included in State Plan Amendment submission:

- The presence of a bus aide alone will no longer qualify a vehicle for a specialized transportation trip
- Time study length will extend to the full school year and number of moments will change



CMS Comprehensive Guide - Anticipated changes



Time study length - anticipate changing from 3 quarters to 4

- Staff pool list open in April for JS time study
- Moments start first day of school

Time study number of moments - anticipate changing from 3,000 to 1,540 per cost pool

Anticipate that bus aides will no longer be the sole qualifier of a specialized transportation trip

Additional
training Spring
2026



Interim Rate Setting



- Participating districts receive interim payments monthly which are calculated prior to the start of the fiscal year by HCPF and PCG as a safeguard to reduce the risk of recoupment
- Interim payments are calculated according to a districts' CPE for the prior three fiscal years
- Only 90%, 80%, or 70% of a district's Medicaid allowable costs are included in the calculation to help mitigate recoupment

FY 2025-26 interim payments were calculated according to:

1

FY 2024-25 estimated CPE using direct service costs from quarterly financial submission

2

FY 2023-24 CPE

3

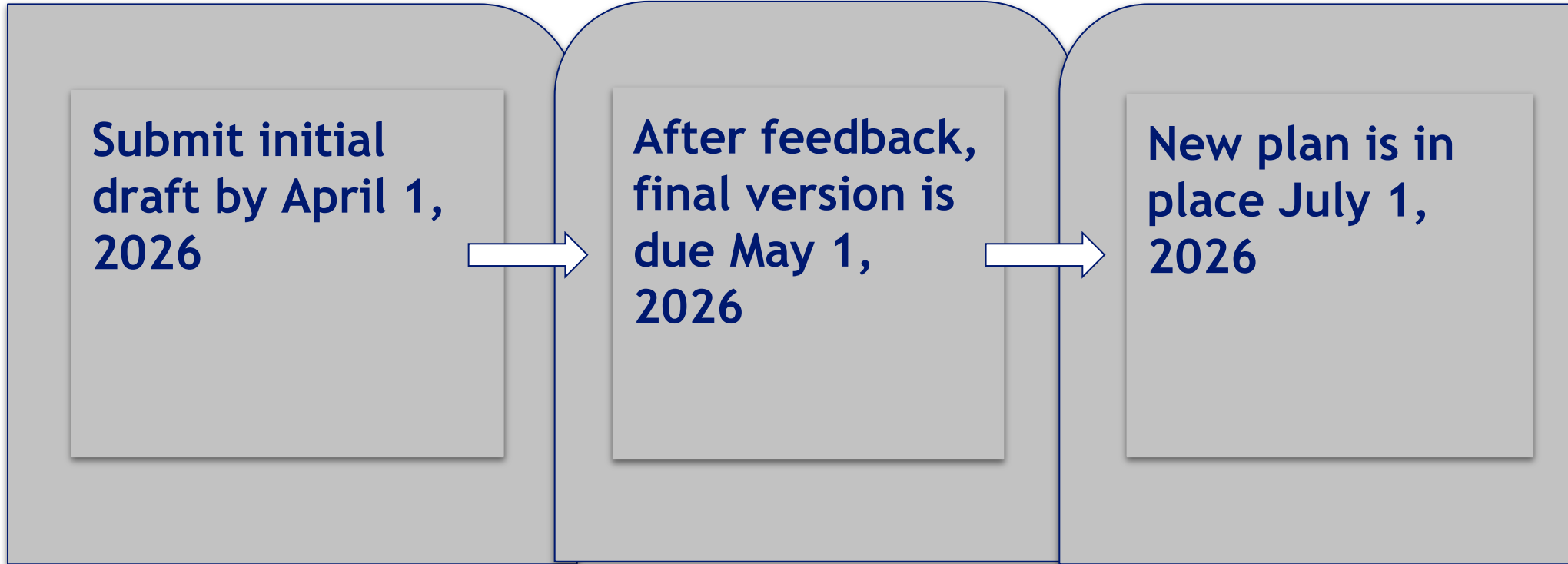
FY 2022-23 CPE

April

Local Services Plan (LSP)



Local Services Plan Phase 4: Submit to CDE for Review



April

May

June



Local Services Plan Phase 4: Documents to Submit



- Initial Draft
 - Submit the [Local Services Plan](#) template, all sections completed.
 - Send in Word or Google docs, where comments and feedback can be added
 - It may be need to be revised and edited more than once
- Final Draft
 - Once all areas have been revised and you have gotten final approval, submit the [Local Services Plan](#)
 - This can be in any form Word, Google, or PDF
 - Keep an editable copy for your records in case a revision is needed in the future
 - Submit signed [Part V-Assurances Page](#)
- You do not need to submit Health Needs Assessment
 - Just make sure answer the questions regarding the Health needs in Part II A of the Local Services Plan

April

May

June



Local Services Plan Revisions

- The Local Services Plan may be revised at any time during the 5 years
- You may want revise you plan for a variety of reasons
 - Health needs of the community have changed
 - Budget concerns for following fiscal year
 - If the Reimbursement Spending Report expenditure did not match the current LSP
- Reach out to the CDE and inform them of the changes you would like to make
- Submit [LSP Revision Companion Form](#)-This details which part of the LSP will be revised and if further community input is needed
- Submit a revised version of the LSP with the included changes and CDE will review both documents and give approval or feedback
- Any revisions must still align with identified health needs of the community



July

August

September

October

November

December

January

February

March

April

May

June



Annual Cost Settlement



High-Level Annual Cost Reporting Steps for Coordinators



August
September
October

Pull internal financial reports utilizing accrual accounting method

Enter costs and resolve triggered warnings

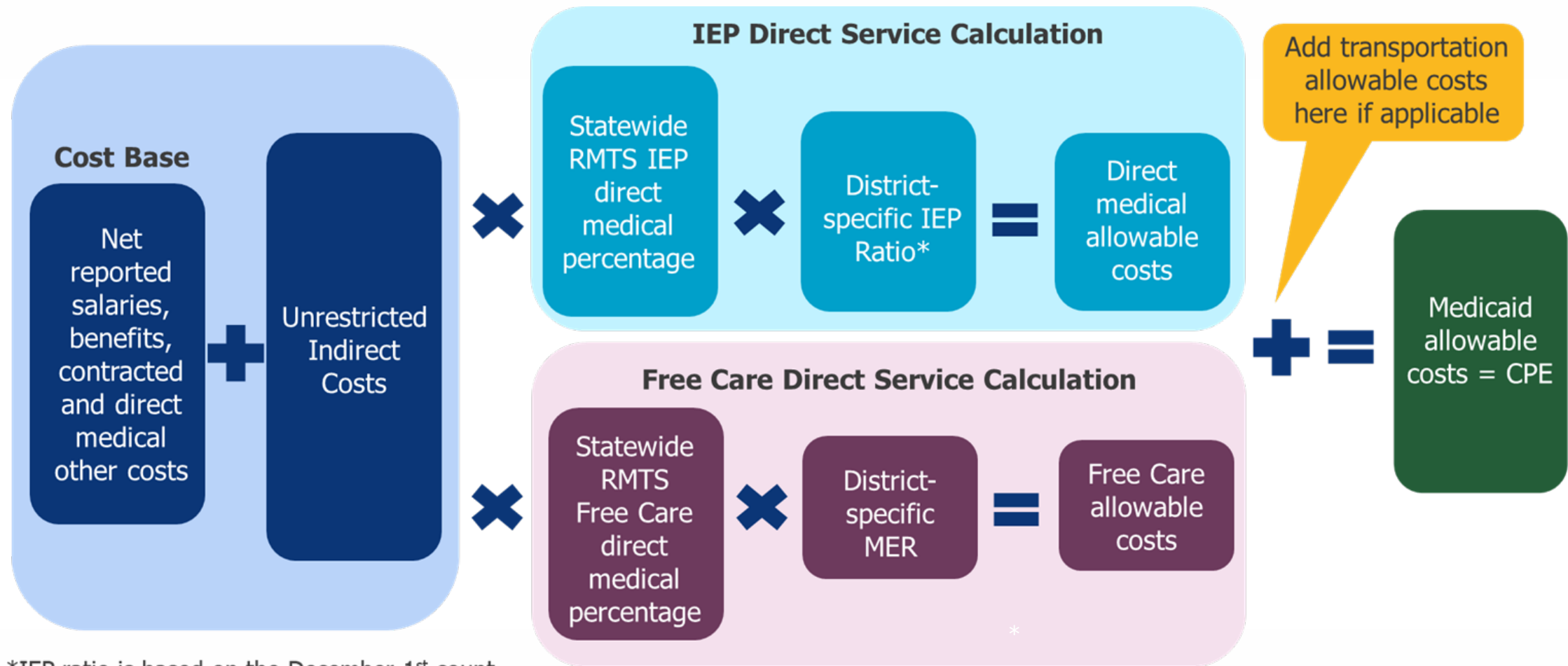
Review all reported costs on each page of the Annual Cost Report

Certify Annual Cost Report

Retain supporting documentation

While all coordinators may not be responsible for completing financials, coordinators should have a basic understanding of the financial reporting process.

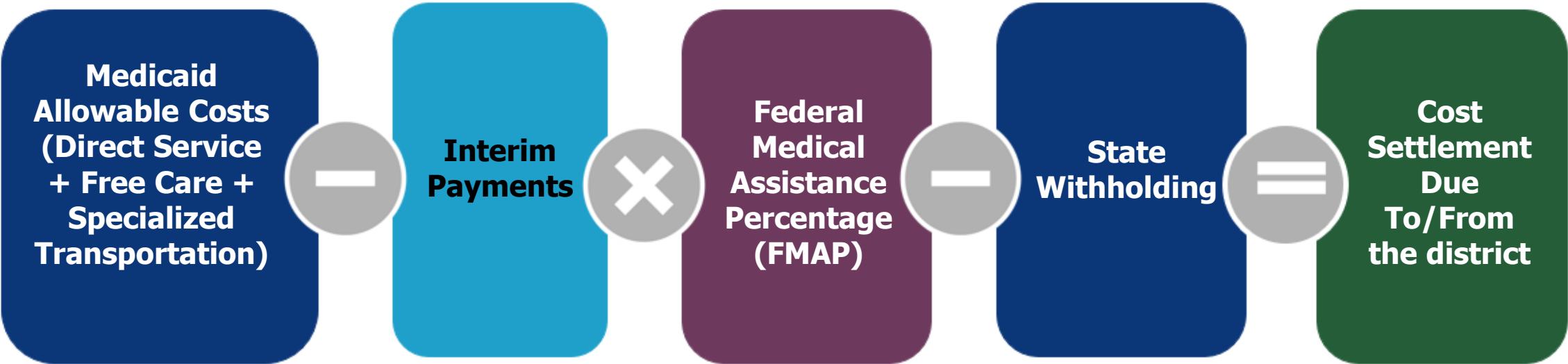
Annual Claim Calculation



*IEP ratio is based on the December 1st count

*MER ratio is based on the October 1st count

Cost Settlement



Subtract gross interim payments received from Medicaid allowable costs



Apply FMAP

CPE Form

To access and complete the Annual Cost Report CPE form:

1. Select the applicable fiscal year
2. Choose "Cost Settlement" from the annual drop down. Review the information in the tables
3. Select the green "Approve Cost Settlement" box at the top of the page
4. Navigate to the CPE form using the annual drop down
5. Review the information
6. Select 'Sign CPE Form' in the upper left-hand corner to electronically sign the CPE form. The CPE form signer should be different than the district coordinator

Annual CPE Form

[Sign CPE Form](#) [Generate Unsigned Form](#)

Medicaid School Health Services Cost Settlement Summary

Cost Report Period: Jul 01, 2023 - Jun 30, 2024
District Name:
NPI:
District Code:

1. Total Certified Public Expenditure (CPE) From Medicaid Cost Report	\$255,894.64
Direct Service	\$234,370.20
Free Care	\$21,524.44
Specialized Transportation	\$0.00
2. Total Gross Interim Payments Amount	\$86,273.16
Direct Service	\$79,016.32
Free Care	\$7,256.84
Specialized Transportation	\$0.00
3. Difference Between CPE & Gross Interim Payments Amount (#1 - #2)	\$169,621.48
4. Federal Medical Assistance Percentage	\$84,810.76
July-September	\$21,202.69
October-December	\$21,202.69
January-March	\$21,202.69
April-June	\$21,202.69
5. State Administration Amount Withheld (#4 * 2.5%)	\$2,120.27
Based on C.R.S. 25.5-5-318	
6. Amount Owed To / (Owed From) Provider (#4 - #5)	\$82,690.49

I certify that Section 1 above, to the best of my knowledge, represents actual expenditures accumulated under our provider agreement with the Colorado Department of Health Care Policy & Financing (the Department) for the cost report period stated above.

The claim amount is solely related to our provider agreement with the Department and does not duplicate any federal claims for reimbursement, nor are the funds used to match other federal funds, unless expressly allowed by federal regulations.

Please return a signed copy of this document by uploading the signed form into the PCG Claiming System. Financial District Admins can complete this by clicking the 'Upload Signed CPE Form' and choosing the file containing the signed CPE form.

Verification of Expenditure by: _____

Name (Please Print): John Ward

Title: _____

Date: _____

Phone: _____

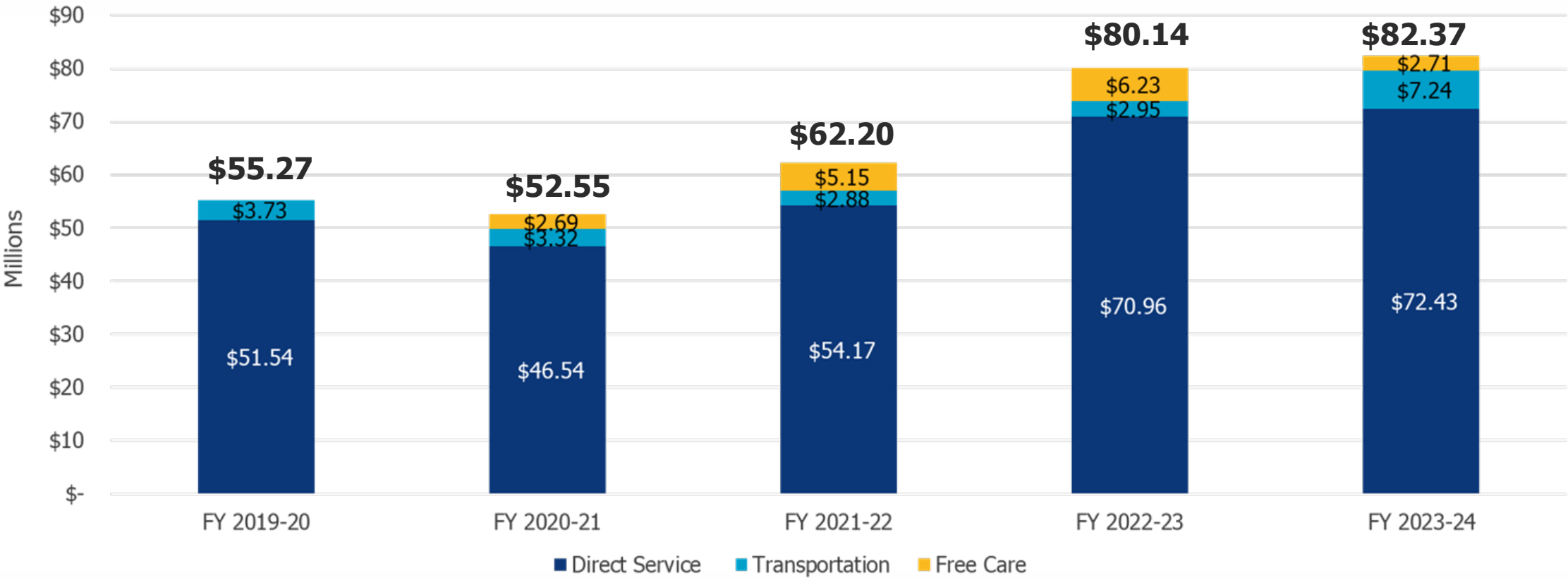
Email: jward@pcgus.com



Annual Reimbursement



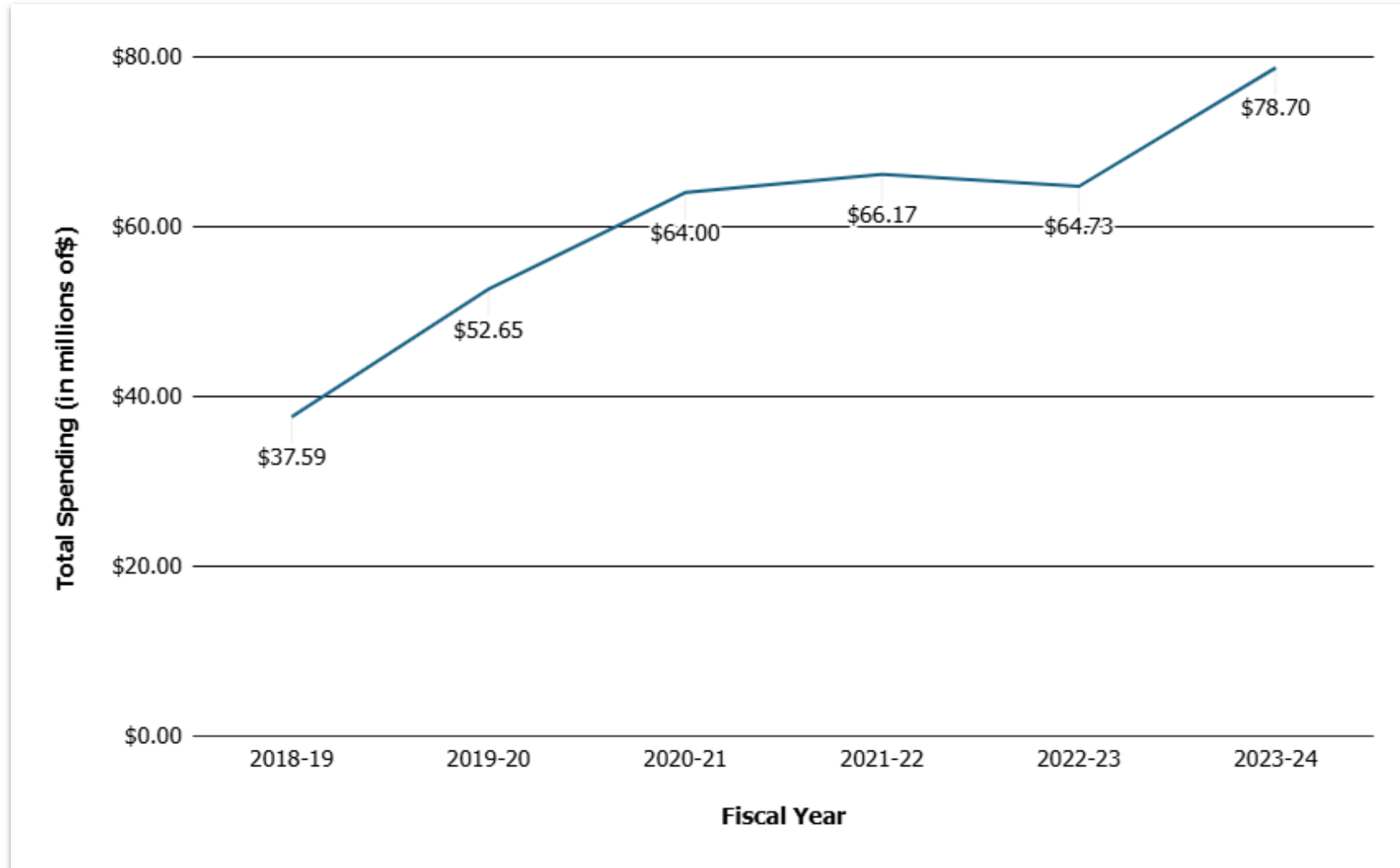
Annual SHS Statewide Reimbursement (Federal Share Less Withhold)



Reimbursement Spending Trends



Total Reimbursement Spending (6-yr Historical)



Fiscal Year (FY) 2023-24 Reimbursement Spending Data



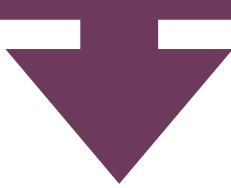
Rank by Total Spending	Health Service Category	Total Dollars Spent	Total FTE
1	Nursing	\$30,052,364	457.45
2	Mental Health	\$16,873,237	217.6
3	Special Service Providers	\$11,177,307	95.4
4	Student Health	\$8,889,060	95.03
5	Outreach and Enrollment	\$2,632,935	41.7
6	Transportation	\$1,131,525	13.68



(FY) 2023-24 Spending Trends



- 
- **\$13,957,360 Increase in overall Spending compared to FY 2022-23**
 - **More was spent on Outreach and Enrollment than Transportation**
 - **Increase in FTE funded overall**

- 
- **Decrease in spending for Transportation**
 - **Decrease in FTE for Nursing, Mental Health, and Transportation**
 - **Decrease in % spent on Administrative Expenditures**



PCG Claiming System Users





District Users in the Claiming System

Districts should contact PCG to update contact information in the PCG Claiming System as staff duties change.

Users can update their personal details highlighted in red but cannot update their Location or User Type

PCG CLAIMING SYSTEM

Colorado School Health Services

Home Users Staff Pool Calendar Moments Documentation Upload

Users

Add New User Export

Available Filters

Find Users on the Homepage in the system

Email: email@email.com

First Name: First Name

Middle Name:

Last Name: Last Name

Suffix:

Phone: 000-000-0000

Extension:

Title: Job Title

Fax:

Address: School Address

Address 2:

City: Colorado Springs

State: CO

Zip Code: 00000

☐ Is Locked

Accounts		SPL/Calendar	Quarterly	Annual	RMTS	
Location	User Type	?	?	?	CC ?	Delete
Colorado	RMTS Coord/Fin	☒	☒	☒	☒	☒



Financial Staff Users in the PCG Claiming System

Each district's financial users in the system are assigned a user type with specific access to financial screens and data. It is important to have the appropriate business personnel assigned as 'certifiers'.

Can Certify 'Certified Public Expenditures' (CPE) Forms	Can Certify Financials	Can Edit	Can View
✓ CPE Signer	✓ Financial Admin	✓ Financial Editor ✓ Financial Admin	✓ Financial Viewer ✓ Financial Editor ✓ Financial Admin ✓ CPE Signer

Some examples of CPE or financial certifiers are Finance Managers, CFOs, CEOs, Superintendents, Assist. Superintendents



RMTS Staff Users in the PCG Claiming System

Each district user in the system is assigned a user type with specific access to staff pool list, shifts and calendar screens and data.

Can Certify	Can Edit	Can View
✓ RMTS Coordinator	✓ RMTS Coordinator ✓ RMTS Editor	✓ RMTS Coordinator ✓ RMTS Editor ✓ RMTS Viewer

Contact Information



Resources & Contact Information

Colorado Department of Health Care Policy & Financing (HCPF)	Colorado Department of Education (CDE)	Public Consulting Group (PCG)
Olga Gintchin School Health Services Program Administrator (303)-866-4234 HCPF_SchoolHealthServices@state.co.us	Andria Thornhill Medicaid Consultant (720)-926-6135 Thornhill_a@cde.state.co.us	Annual Cost Reporting Questions: cocostreport@pcgus.com 866-317-0223 RMTS, SPL, and MAC Quarterly Report Questions: cormts@pcgus.com 866-766-9015
SHS Program website: https://hcpf.colorado.gov/school-health-services	CDE website: https://www.cde.state.co.us/healthandwellness/medicaid_home	PCG Claiming System: https://claimingsystem.pcgus.com/co
• Program manual • Newsletters • Training • Stakeholder information	• Local Services Plan information • Reimbursement Spending Report information	• Quarterly cost reporting/annual cost reporting • Program calendar • User guides and fact sheets



Leave Us a Support Ticket

Leaving a message will auto populate with the user’s information making it fast and easy. Narrow down the specific question topic by selecting issues from the dropdown menus. Receive emails with ticket status and notification of updates