



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

November 1, 2023

The Honorable Senator Zenzinger, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Senator Zenzinger:

Enclosed please find the Department of Health Care Policy & Financing's response to the Joint Budget Committee's Request for Information #3 regarding Medicaid member utilization of capitated behavioral health services in FY 2021-22 and the performance of the Regional Accountable Entities (RAEs) on network provider expansion, timeliness of processing provider claims within contract requirements, and timeliness of credentialing and contracting network providers.

HCPF Legislative Request for Information #3 states:

Department of Health Care Policy and Financing, Behavioral Health Community Programs - The Department is requested to submit a report by November 1, 2023, discussing member utilization of capitated behavioral health services in FY 2021-22 and the Regional Accountable Entity's (RAE's) performance on network provider expansion, timeliness of processing provider claims within contract requirements, and timeliness of credentialing and contracting network providers. The report should include aggregated data on the number of members accessing inpatient and residential mental health treatment, inpatient and residential substance use disorder treatment, outpatient mental health and substance use disorder services, and alternative services allowed under the Department's waiver with the Centers for Medicare and Medicaid Services.

The report describes the capitated behavioral health benefit and summarizes how many members utilized behavioral health services during FY 2021-22. It also provides data on the time it took to process and pay provider claims in 2022. Additionally, it describes how managed care entities contract with providers to expand their networks, and reports on the timeliness of contracting and credentialing during 2022. Lastly, this report includes the performance of residential and inpatient substance use disorder treatment as required by House Bill 18-1136 (C.R.S. 25.5-5-325).



If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7795.

Sincerely,

Kim Bimestefer
Executive Director

KB/maq

Enclosure: Health Care Policy and Financing Response to the Department LRFI #3 Capitated Behavioral Health Services and Regional Accountable Entities

CC: Representative Shannon Bird, Vice-chair, Joint Budget Committee
Representative Rod Bockenfeld, Joint Budget Committee
Senator Jeff Bridges, Joint Budget Committee
Senator Barbara Kirkmeyer, Joint Budget Committee
Representative Emily Sirota, Joint Budget Committee
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Parrish Steinbrecher, Health Information Office Director, HCPF
Jo Donlin, Legislative Liaison, HCPF



LRFI #7 Public School Health Services

FY 2023-24

Nov. 1, 2023

Submitted to: The Joint Budget Committee



COLORADO
Department of Health Care
Policy & Financing

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Legislative Request for Information 7 states:

Department of Health Care Policy and Financing, Other Medical Services, Public School Health Services -- The Department is requested to submit a report by November 1 of each year to the Joint Budget Committee on the services that receive reimbursement from the federal government under the S.B. 97-101 public school health services program. The report is requested to include information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars that were distributed to each school under the program. The report should also include information on how many children were served by the program.

I. EXECUTIVE SUMMARY

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 7. Under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and Title 22, C.R.S., public school districts are required to provide certain medical services for public school children. Additionally, school districts provide some level of health screening, nursing services and other medical support services for students. When delivered to a Medicaid enrolled student, some of these services qualify for Medicaid reimbursement. The School Health Services Program administered by the Department of Health Care Policy & Financing (the Department) allows Colorado public school districts, Boards of Cooperative Education Services (BOCES), and the Colorado School for the Deaf and the Blind (hereinafter collectively referred to as School Health Services Program Providers, or providers) to access such federal Medicaid funds.¹

Legislative Request for Information 7 requests information on the following:

A. Types of Health Services Delivered and Number of Children Served

Within the capacity of the specific School Health Services Program Provider, providers can receive reimbursement from Medicaid for health services that are medically necessary and provided to Medicaid members as prescribed in the member's Individual Education Program (IEP) or Individualized Family Service Plan (IFSP). Beginning October 1, 2020, the School Health Services Program expanded and covered Health First Colorado enrolled students that have other medical plans of care (outside IEPs/IFSPs) where medical necessity has been established. Covered services may include direct medical services, including

¹ There are two programs under the Department's purview that provide funds for health services provided to students: the School Health Services Program and the School-Based Health Center Program. The programs differ in that the School Health Services program provides health services as required in a child's Individual Education Program (IEP), Individualized Family Services Plan (IFSP), or other medical plans of care, and the School Based Health Center Program provides primary care and mental health services. A more in-depth explanation of the two programs is on page 5 of this report.

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

During FY 2021-22, 22,900 enrolled children with an IEP or IFSP, and in FY 2022-23, 26,325 enrolled children with an IEP, IFSP, or other medical plans of care, received school health services reimbursed through Medicaid. Medicaid member participation is optional.

B. How Services Meet the Definition of Medical Necessity

For a School Health Services Program Provider to receive Medicaid reimbursement, the service must meet the definition of medical necessity. A determination of medical necessity is made through the referral and authorization process. Where required by Medicaid regulations, a qualified practitioner of the healing arts refers a member for services. The member's IEP, IFSP, or other medical plans of care, when developed according to the Colorado Department of Education procedures, serves as authorizing documents. The Department provides technical assistance and oversight monitoring to ensure providers comply with the requirement.

C. Federal Dollars Distribution to School Districts

For FY 2021-22, 58 School Health Services Program Providers received Medicaid reimbursement totaling \$69,749,637. Because the original expenditures of the medical service were incurred by a public entity using local tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is entirely federal funds. The federal funds are made available to deliver primary and preventive health services to Colorado's public school children identified and specified under the providers' Local Services Plan (LSP). The LSP written by the school district, with community input, describes the type and cost of services to be provided with the funds. In FY 2021-22, the most common area to use the funds, according to provider LSPs, was to fund additional nursing services and mental health for all students.

II. BACKGROUND INFORMATION

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

A. School-Based Health Center Program

The School-Based Health Center Program was created in 1987 to assist in the establishment, expansion, and ongoing operations of school-based health centers (SBHCs) in Colorado. SBHCs are clinics operated within a public school, charter school, or state-sanctioned General Educational Development (GED) building that provide primary health care and mental health services that complement services provided by school nurses.

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

B. School Health Services Program

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

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

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

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

III. PROGRAM OVERVIEW

The SHS Program delivers additional health services to Colorado public school children each year without additional General Fund expenditures. Using the disbursed federal funds within a health service delivery process established through the LSP, school districts address some of the health care needs unique to their communities.

Additionally, the SHS Program improves learning environments by providing students increased access to health care services and improving the quality of school health services. Program funds are expended to deliver services in the areas of greatest need to:

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

During FY 2022-23 59 school districts or BOCES contracted with the Department to receive Medicaid reimbursement for providing school health services to eligible members. Other school districts, choosing not to contract with or bill the Department directly, participate in the program as a member of a BOCES. A BOCES is created when two or more school districts decide they have similar needs that can be met by a shared program. A BOCES may help school districts save money by providing opportunities to pool resources and share costs. As a result, school districts may receive Medicaid funds without having direct contract with the Department, as the BOCES is the contracting entity and listed as the School Health Services Program

Provider in this report. Further, school districts may bill directly for some services, such as transportation, while the BOCES provide and bill for the other services, such as direct services, on behalf of the school districts. In these cases, the number of school districts directly billing the School Health Services Program will vary each year and the program has no information as to how the Medicaid reimbursement is distributed from the BOCES to the school district.

Under the Department's approved Medicaid State Plan, all SHS Program Providers are required to participate in a quarterly random moment time study to determine the percentage of allowable time spent providing Medicaid claimable school health services. By utilizing a time study, providers receive a payment based on the actual cost incurred for providing Medicaid services, rather than through a fixed rate established by the Department.

For FY 2021-22, 58 providers were reimbursed a total of \$69,749,637 for direct services and Medicaid Administrative Claiming (MAC).

During FY 2021-22, these funds were used to provide additional health services to all students in the participating districts. The most common areas that were funded statewide through the providers' LSPs were nursing services at \$27,310,606; mental health services at \$16,661,324; special service providers spending at \$6,515,869; and student health spending at \$6,140,662.

For FY 2022-23, these providers have received interim payments in the amount of \$48,132,661 for direct services and for three quarters of MAC payments a total of \$6,116,801.

Prior to receiving a final payment based on the actual cost incurred for providing Medicaid services, SHS Program Providers submit claims and receive interim payments for providing services to eligible members. After the fiscal year ends, each provider is required to complete a cost report documenting their total Medicaid allowable costs for delivering School Health Services and certifying their public expenditures. The cost report reconciles interim payments made to SHS Program Providers during the fiscal year against actual costs. If a provider's interim payments exceed the actual, certified costs of providing School Health Services, the provider must return the overpayment amount to the Department. If the provider's actual costs exceed the interim payments they received, then the Department pays the federal share difference to the provider. This cost reconciliation and settlement process is based on a cost allocation methodology approved by the Centers for Medicare and Medicaid Services (CMS). The cost reconciliation and settlement that most recently occurred was in FY 2022-23 for FY 2021-22.

In addition, the Department reimburses for administrative claiming to SHS Program Providers for the time spent in administrative activities that directly support efforts to identify and enroll potentially eligible children and their families into Medicaid. MAC reimbursements are made quarterly through a claim that consists of payroll costs for staff that provide direct medical or health related services, administrative and outreach activities. As school staff work with students on a daily basis, they are uniquely positioned to assist in enrollment of eligible students in Medicaid, to assist

them in receiving the medical services, and supporting administrative and outreach services they require, and to provide medically necessary services. These administrative services form the basis for the MAC Program. MAC allowable activities include: facilitating Medicaid outreach, facilitating Medicaid eligibility determination, translation related to Medicaid services, medical program planning, policy development and interagency coordination, medical/Medicaid related professional development and training, referral, coordination and monitoring of Medicaid services.

As detailed in Table 1, for FY 2021-22, four quarters were eligible for MAC reimbursement, and 58 school districts participated in MAC for reimbursement totaling \$7,548,750. In FY 2022-23, 59 SHS Providers participated in MAC; reimbursements received totaled \$6,116,801 for payments through the end of the third quarter.

Table 1 - Medicaid Administrative Claiming Net Payments

School Health Services Program Provider	FY 2021-22 Net Total MAC Payment	FY 2022-23 Net MAC Payments Three Quarters (July 2022-March 2023)
Adams 12 Five Star Schools	\$787,752	\$676,636
Adams Arapahoe SD #28J	\$694,369	\$658,139
Adams County SD #14	\$84,217	\$64,342
Alamosa School District RE-11J	\$18,387	\$15,880
Arapahoe County SD #2	\$22,416	\$19,543
Arapahoe County SD #6	\$63,841	\$48,165
Boulder County SD #2	\$180,359	\$137,217
Buena Vista SD R31	\$4,070	\$4,654
Cherry Creek SD #5	\$492,061	\$317,889
Colorado School for the Deaf and Blind	\$62,305	\$54,321
Colorado Springs SD 11	\$131,631	\$126,943
Counties of Adams & Weld SD 27J	\$61,153	\$59,617
Counties of Archuleta & Hinsdale District JT	\$6,293	\$6,783
County of Fremont RE2	\$21,203	\$20,941
Delta County Joint SD 50J	\$23,873	\$21,630
Denver County SD 1	\$1,309,725	\$726,095
Dolores RE4A	\$8,959	\$4,585
Douglas County 1	\$210,545	\$159,386
Eagle County RE50J SD	\$43,940	\$40,863
El Paso Colorado School District 49	\$228,110	\$218,511
El Paso County SD #12	\$4,385	\$4,302
El Paso County SD #14	\$21,331	\$20,084
El Paso County SD #2	\$103,291	\$95,302
El Paso County SD #20	\$35,520	\$24,382

School Health Services Program Provider	FY 2021-22 Net Total MAC Payment	FY 2022-23 Net MAC Payments Three Quarters (July 2022-March 2023)
El Paso County SD #3	\$89,732	\$82,599
El Paso County SD #38	\$9,451	\$8,878
Englewood	\$41,826	\$37,218
Garfield County SD 16	\$8,085	\$4,712
Garfield County SD RE2	\$13,841	\$31,763
Gunnison Watershed SD	\$2,052	\$2,692
Jefferson County Public Schools	\$654,398	\$550,800
La Plata County SD #10JT-R	\$4,711	\$4,931
La Plata County SD #9-R	\$19,231	\$17,137
Lake County SD #10JT-R	\$5,822	\$4,535
Lamar SD RE2	\$23,037	\$20,541
Mapleton SD 1	\$100,655	\$102,159
Mesa County Valley SD 51	\$410,442	\$340,458
Montezuma Cortez	\$10,766	\$9,421
Montrose County SD RE-1J	\$15,685	\$20,599
Otero County SD #1	\$12,110	\$14,499
Otero County SD #2	\$4,994	\$4,769
Park County RE2	\$6,114	\$3,903
Pikes Peak BOCES	\$39,633	\$33,412
Platte Canyon SD 1	\$1,847	\$1,303
Poudre R1	N/A*	\$99,606
Pueblo County SD #70	\$113,666	\$87,227
Pueblo SD #60	\$278,618	\$232,178
Rio Blanco BOCES	\$6,443	\$6,327
Roaring Fork SD	\$121,242	\$113,384
Salida SD R-32-J	\$23,105	\$21,637
San Juan BOCES	\$3,855	\$6,497
San Luis Valley BOCES	\$27,428	\$25,447
School District Fremont RE-1	\$20,755	\$18,518
St Vrain Valley RE 1J	\$171,203	\$146,025
Teller County SD #1	\$3,266	\$3,665
Thompson SD #2J	\$313,908	\$289,317
Weld County SD 6	\$187,214	\$130,445
Westminster SD	\$148,287	\$82,104
Woodland Park SD	\$35,589	\$31,885
Total	\$7,548,750	\$6,116,801

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

A. Types of Health Services Delivered and Number of Children Served

Under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and Title 22, C.R.S., public school districts are required to provide certain medical services for public school children. Additionally, school districts provide some level of health screening, nursing services and other medical support services for students. When delivered to a Medicaid enrolled student, some of these services qualify for Medicaid reimbursement.

SHS Program Providers can receive reimbursement from Medicaid for delivering services to Medicaid members under the age of 21, as included in the Medicaid statute (Section 1905(a) of the Social Security Act) and as described in the Code of Colorado Regulations, 10 CCR 2505-10, Section 8.290. School Health Services may include direct services that are covered under the EPSDT benefit, including rehabilitative therapies and specialized non-emergency transportation services. SHS Program Providers must provide services that are medically necessary and provided to members as prescribed in the member's IEP, IFSP², or other medical plan of care where medical necessity has been established.

Under EPSDT³, Medicaid must provide for screening, vision, hearing and dental services at intervals that meet reasonable standards of medical and dental practice established after consultation with recognized medical and dental organizations involved in child health care. Additionally, under EPSDT, any service that Medicaid is permitted to cover under federal law that is necessary to treat or ameliorate a defect, physical and mental illness, or a condition identified by a screen, must be provided to qualified members regardless of whether the service or item is otherwise included under the Medicaid State Plan.

Rehabilitative therapies are those services which reduce a physical or mental disability, and which may improve physical or mental health levels.

² The Individuals with Disabilities Education Act (IDEA), federal legislation on educating children with disabilities, defines how states and local education agencies are to meet their obligations to serve these students. The IEP and IFSP, required documents under IDEA, spell out the specific special education and related services, including health services, to be provided to meet the student's needs.

³ The Omnibus Budget and Reconciliation Act of 1989 (OBRA'89) amended Sections 1902(a)(43) and 1905(a)(4)(B) and

created Section 1905(r) of the Social Security Act setting forth the basic requirements of EPSDT.

Rehabilitative therapies must be recommended by a physician or other licensed practitioner of the healing arts.

Specialized non-emergency transportation is reimbursable under Medicaid when provided on the same date of service that a Medicaid covered service required by the student's IEP or IFSP is received. Specialized non-emergency transportation is provided to and from a student's place of residence and the school or the site of a Medicaid reimbursable service, if the service is not provided at the school.

School districts received Medicaid reimbursement for providing medical services and specialized non-emergency transportation to 22,900 Medicaid members in FY 2021-22 and 26,325 Medicaid members in FY 2022-23. Table 2 summarizes the type of services for which districts received Medicaid reimbursement in FY 2021-22 and FY 2022-23, and the number of unique members who received each service. It is important to note that as of FY 2022-23, 59 providers participated in the SHS Program, accounting for over 87% of the total student population in the state of Colorado.

Table 2 - Unique Members Served by Medicaid Reimbursed Service

Medicaid Reimbursed Service	Unique Members Served FY 2021-22	Unique Members Served FY 2022-23
Speech, Language, and Hearing	18,662	20,469
Physical Therapy	1,552	1,804
Personal Care	4,433	4,966
Occupational Therapy	6,176	6,674
Nursing	289	396
Psychology, Counseling, and Social Work	3,185	6,702
Transportation	2,575	2,549
Total Members - All Services	22,900⁴	26,325⁴

⁴ Total Clients-Direct Services, Transportation, and Total-Clients All Services are unduplicated client counts in the respective category. Unduplicated client counts represent the number of unique clients who received a service in each category only. Totals are not the sum of categories. Unduplicated client counts presented in this table are based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Data Source: Medicaid paid claims from

B. How Services Meet the Definition of Medical Necessity

School districts apply the Medicaid definition of medical necessity when identifying services for which they intend to claim reimbursement. The SHS Program defines a medically necessary service at 10 CCR 2505-10, Section 8.290.1, as a service that will, or is reasonably expected to:

...prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury or disability; and for which there is no other equally effective or substantially less costly course of treatment suitable for the client's needs.

Medical necessity is determined through the referral and authorization process. Where required by the Medicaid regulations, a qualified practitioner of the healing arts must refer a member for services. The member's IEP, IFSP, or other medical plan of care, when developed according to the Colorado Department of Education procedures, serve as an authorizing document. Technical assistance is provided for school district providers to identify those services delivered at schools that meet the definition of medical necessity.

In addition, medical file reviews and quality assurance monitoring by the Department ensure that district providers comply with Medicaid requirements.

C. Federal Dollars Distribution to School Districts

As detailed in Table 3, during FY 2021-22, 58 SHS Program Providers received Medicaid reimbursement totaling \$62,200,887 for direct service and transportation. Additionally, as noted in Table 1, providers received \$7,548,750 in MAC payments in FY 2021-22, and \$6,116,801 in MAC payments for FY 2022-23 through three quarters - July 2022 - March 2023.

In FY 2022-23, claims submitted for Medicaid services by 59 SHS Program Providers resulted in interim payments and Medicaid reimbursement of \$48,132,661, which were exclusively federal funds. Because the original expenditure of the medical service was incurred by a public entity using local

Care Policy and Financing. September 9, 2022 for FY 2021-22 data and September 11, 2023 for FY 2022-23 data.

tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is federal funds.

In accordance with statute, the SHS Program can retain up to 10% of the federal funds to cover the Department's and the Colorado Department of Education's administration costs. At the start of FY 2019-20, the Department was able to reduce the withhold to two and a half percent. In FY 2022-23, the Department retained \$1,911,246 to cover administration costs. In addition, with the passing of SB 21-213, to date, the Department was able to retain \$6,037,313 in FY 2020-21, \$7,168,148 in FY 2021-22, and \$8,202,410 in FY 2022-23 for General Fund offset. These funds were a result of the increased federal matching percentage in conjunction with the Families First Coronavirus Response Act.

Table 3 - Net Medicaid Reimbursement to School Health Services Program Providers

School Health Services Program Provider	Total Net Medicaid Reimbursement for FY 2021-22	FY 2022-23 Net Medicaid Interim Payments
Adams 12 Five Star Schools	\$4,155,113	\$3,320,822
Adams Arapahoe SD #28J	\$5,617,615	\$4,983,591
Adams County SD #14	\$1,120,708	\$707,521
Alamosa School District RE-11J	\$385,050	\$293,815
Arapahoe County SD #2	\$258,309	\$162,033
Arapahoe County SD #6	\$773,715	\$694,542
Boulder County SD #2	\$2,043,250	\$1,551,632
Buena Vista SD R31	\$67,289	\$54,464
Cherry Creek 5	\$5,254,939	\$4,215,713
Colorado School for the Deaf and Blind	\$164,756	\$130,681
Colorado Springs SD 11	\$1,852,469	\$1,356,330
Counties of Adams & Weld SD 27J	\$1,560,869	\$905,286
Counties of Archuleta & Hinsdale District JT	\$178,508	\$101,706
County of Fremont RE2	\$213,461	\$109,603
Delta County Joint SD 50J	\$361,108	\$239,911
Denver County SD 1	\$5,399,414	\$4,431,725
Dolores #RE-4A	\$37,877	\$25,226
Douglas County 1	\$2,962,468	\$2,958,279
Eagle County RE50J SD	\$461,522	\$254,544
El Paso Colorado School District 49	\$1,891,515	\$1,224,000
El Paso County SD #12	\$178,308	\$134,035
El Paso County SD #14	\$230,389	\$169,644

School Health Services Program Provider	Total Net Medicaid Reimbursement for FY 2021-22	FY 2022-23 Net Medicaid Interim Payments
El Paso County SD #2	\$888,324	\$658,026
El Paso County SD #20	\$1,272,881	\$961,163
El Paso County SD #3	\$339,704	\$270,035
El Paso County SD #38	\$193,051	\$114,860
Englewood	\$365,311	\$274,078
Garfield County SD 16	\$157,322	\$52,622
Garfield County SD RE2	\$486,248	\$230,835
Gunnison Watershed SD	\$84,128	\$51,701
Jefferson County Public Schools	\$5,722,120	\$4,356,662
La Plata County SD #10JT-R	\$152,667	\$83,792
La Plata County SD #9-R	\$349,972	\$183,454
Lake County SD #10JT-R	\$138,928	\$91,337
Lamar SD RE2	\$256,232	\$102,664
Mapleton SD 1	\$639,487	\$487,357
Mesa County Valley SD 51	\$3,120,865	\$2,015,183
Montezuma Cortez	\$252,742	\$149,568
Montrose County SD RE-1J	\$476,189	\$278,037
Otero County SD #1	\$278,929	\$165,694
Otero County SD #2	\$116,313	\$66,505
Park County RE2	\$90,378	\$56,615
Pikes Peak BOCES	\$399,138	\$305,265
Platte Canyon SD 1	\$58,597	\$49,263
Poudre R1	N/A*	\$485,744
Pueblo County SD #70	\$1,262,760	\$1,058,146
Pueblo SD #60	\$1,785,367	\$1,438,462
Rio Blanco BOCES	\$72,841	\$40,083
Roaring Fork SD	\$332,620	\$204,678
Salida SD R-32-J	\$213,125	\$138,309
San Juan BOCES	\$86,874	\$13,090
San Luis Valley BOCES	\$134,894	\$64,720
School District Fremont RE-1	\$427,663	\$267,107
St Vrain Valley RE 1J	\$2,407,068	\$1,742,808
Teller County SD #1	\$80,037	\$47,043
Thompson SD #2J	\$1,035,541	\$961,400
Weld County SD 6	\$1,854,912	\$1,485,352
Westminster SD	\$1,140,093	\$833,691
Woodland Park SD	\$358,913	\$322,210
Grand Total	\$62,200,887	\$48,132,661

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