

School Health Services (SHS) Program Mid-year Training

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

Ice Breaker



COLORADO
School Health Services Program

Ice Breaker

1

Participants will start with one of thirteen program terms (writing it on the sticky note), chosen by PCG.

Participants will discuss how to connect the first program term with one of the other twelve program terms

2

This will continue until all thirteen program terms are used

3

At the end of the activity, participants will have created a list of all thirteen program terms

Agenda

CDE

- Program components
- Reimbursement Spending Report Deep Dive
- Program resources

HCPF Updates

- Comprehensive Guide
- Process changes
- Provider Enrollment
- National Alliance for Medicaid in Education (NAME)
- Stakeholder Program
- Program Resources



Acronyms A-F

Acronym	Full Name
<i>BOCES</i>	Board of Cooperative Educational Services
<i>CDE</i>	Colorado Department of Education
<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CPI</i>	Crisis Prevention Institute
<i>CPR</i>	Cardiopulmonary Resuscitation
<i>ESY</i>	Extended School Year
<i>FAQ</i>	Frequently Asked Question
<i>FERPA</i>	Family Educational Rights and Privacy Act
<i>FTE</i>	Full-time Equivalent
<i>FY</i>	Fiscal Year

Acronyms H-Z

Acronym	Full Name
<i>HCPF</i>	Colorado Department of Health Care Policy & Financing
<i>IDEA</i>	Individuals with Disabilities Education Act
<i>JS26</i>	July – September 2026
<i>LSP</i>	Local Services Plan
<i>NAME</i>	National Alliance for Medicaid in Education
<i>NPI</i>	National Provider Identifier
<i>OPR</i>	Ordering, Prescribing, Referring
<i>PACAP</i>	Public Assistance Cost Allocation Plan
<i>SHS</i>	School Health Services
<i>SPA</i>	State Plan Amendment

CDE Updates



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

Reimbursement Spending Report



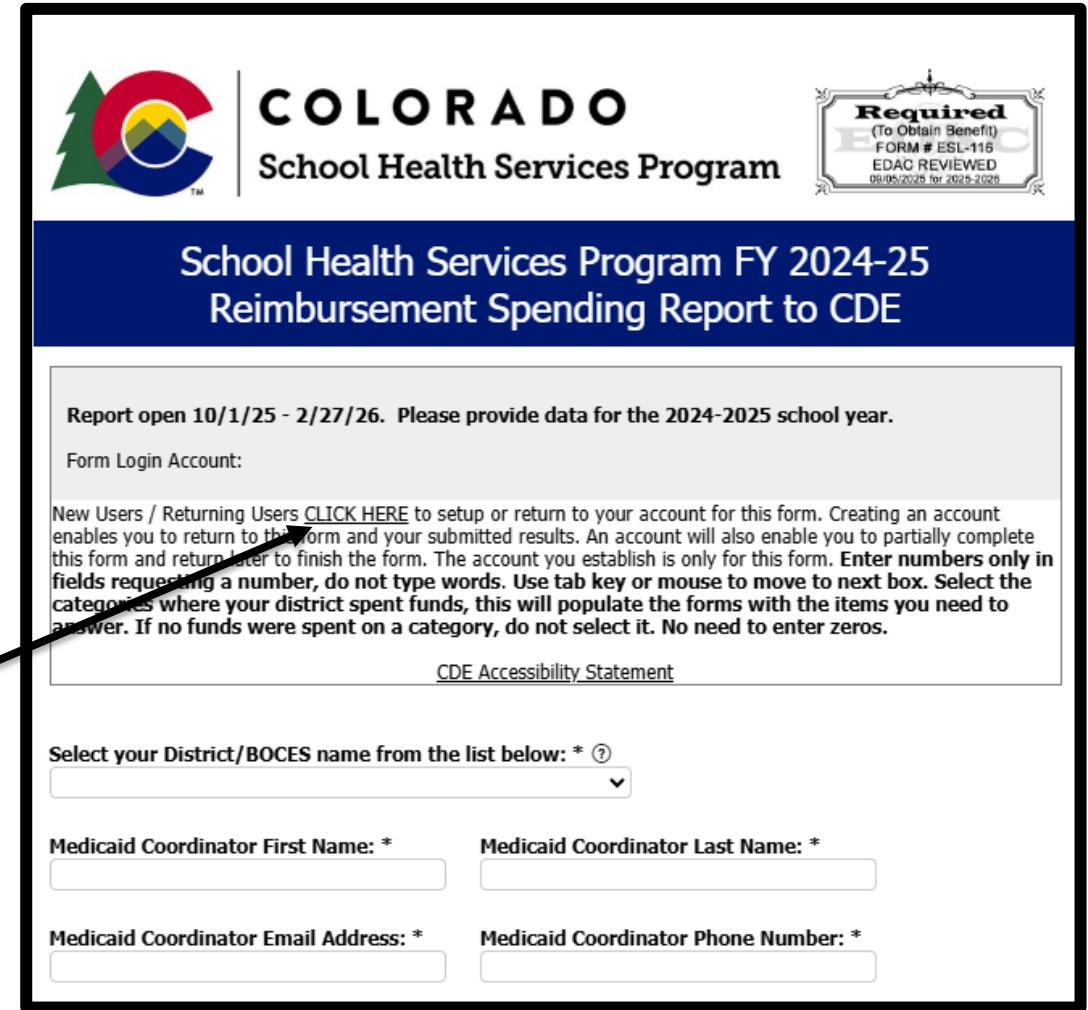
COLORADO
School Health Services Program

Reimbursement Spending Report

- Informs CDE and HCPF on how Medicaid reimbursement dollars were spent in a given fiscal year with one annual report
- Not to be confused with Annual Cost Report submitted to HCPF/Public Consulting Group (PCG)
- Includes general information, administrative expenditures, and health service expenditures
- Use CDE grant code 9003 to track 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

Section 1-General Information

- Select your district/BOCES from the dropdown- be sure to choose the correct one as some districts participate at both levels
- Contact Information
 - Make sure to include the coordinator's information if it differs from who is completing the report
 - You will be able to include the report completer's contact information at the end of the report



The image shows the 'School Health Services Program FY 2024-25 Reimbursement Spending Report to CDE' form. At the top left is the Colorado state logo. To its right, the text 'COLORADO School Health Services Program' is displayed. In the top right corner is a stamp that reads 'Required (To Obtain Benefit) FORM # ESL-116 EDAC REVIEWED 09/05/2025 for 2026-2026'. The main title 'School Health Services Program FY 2024-25 Reimbursement Spending Report to CDE' is centered at the top. Below the title, a message states: 'Report open 10/1/25 - 2/27/26. Please provide data for the 2024-2025 school year.' A 'Form Login Account:' section follows. A large text block provides instructions for new and returning users, mentioning account creation for partial form completion and the use of tab key or mouse to move between fields. An 'CDE Accessibility Statement' link is located below this text. The form then asks for 'Select your District/BOCES name from the list below:' with a dropdown menu. Below this are fields for 'Medicaid Coordinator First Name:' and 'Medicaid Coordinator Last Name:', each with an input field. At the bottom are fields for 'Medicaid Coordinator Email Address:' and 'Medicaid Coordinator Phone Number:', each with an input field.

Section 2-Administrative Expenditures

- Expenditures that keep the programming going
- This section is optional-only fill out if this type of spending occurred
- Should be less 20% of total spending
- It's broken up by these categories
 - Full-time Equivalent (FTE) /Contracted Personnel
 - Equipment/Materials/Supplies
 - Professional Development
 - Other Administrative costs

Hover over the question mark icons throughout the report for examples of what should be entered into each field.

Administrative Expenditures

Instructions

Select the administrative category that received reimbursement funds in the section below. If there were no administrative expenses, do not select any category. By selecting an admin category, you will be required to provide the total expenditure amount and a brief narrative of what is included in the total amount.

As a reminder, it is **recommended** that total administration costs not exceed 20% of total expenditures for a program. This is exempt for new districts/BOCES participating in the School Health Services program. For questions or concerns, contact Andria Thornhill (thornhill_a@cde.state.co.us)

For help on this section, visit the [Administrative Expenditures](#) section of the CDE School Health Services Learning Tool.

Program Administration Category Expenditures 

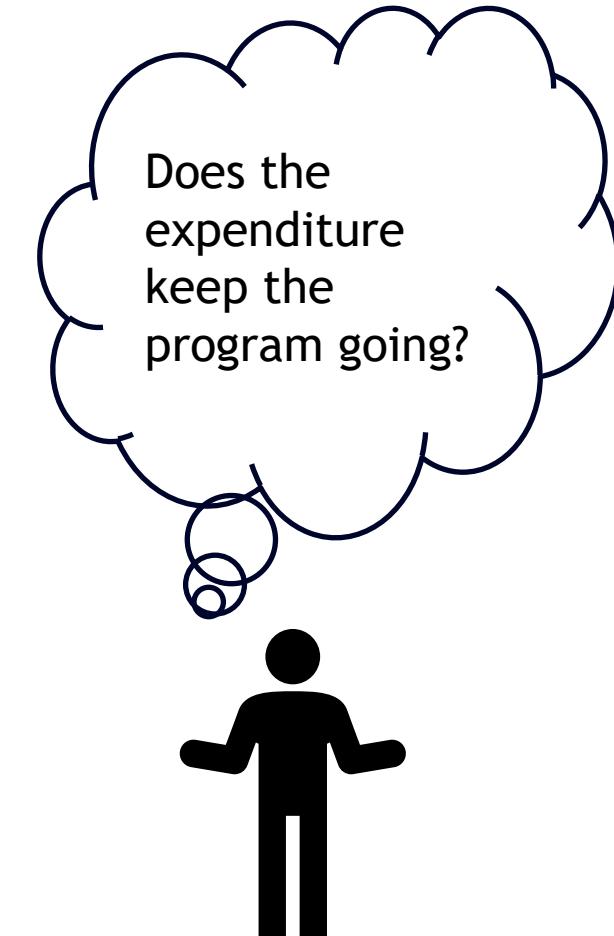
FTE/Contracted Personnel Equipment/Material/Supplies
 Professional Development/Trainings Other Administrative Costs

FTE/Contracted Personnel  
0.00

Description of Expenditures 
0/200 words

Total Administrative Expenditures:
\$0.00

Administrative Expenditures Continued



Does the expenditure keep the program going?

Do include...

- Salary/benefits for a Medicaid Coordinator
- Supplies for Medicaid coordinator-laptop, office supplies
- Costs related to attending NAME Conference, Annual and Mid-Year training
- Paying for a billing agent

Do not include in Administrative Section

- Professional development for Providers-*CPI or CPR training*
- Health Service Training materials-*CPR equipment/materials*
- FTE or materials for Medicaid outreach

Section 3-Health Expenditures

- This section is required
- Broken up by the six CDE health service categories and subcategories
- Expenditure amounts and FTE counts are available for all the categories
- This section could include:
 - Professional development for providers-*CPI or CPR training*
 - Health Service Training materials- *CPR equipment/materials*
 - FTE or materials for Medicaid Outreach

Health Services Expenditures

Instructions

Select the Health Service category that received reimbursement funds in the section below. If there were no Health Service expenses, do not select any category. Selecting a Health Service category will populate only relevant questions that require a response which includes providing a narrative. If you need further assistance, please contact Andria Thornhill (thornhill_a@cde.state.co.us)

For help on this section, visit the [Health Services Expenditures](#) section of the CDE School Health Services Learning Tool.

Select the Health Service Category(s) in which your district/BOCES spent money:

Nursing Mental Health Student Health
 Special Services Provider Outreach & Enrollment Transportation

Nursing

Nursing Category Expenditures * ②

FTE/Contracted Personnel Equipment/Material/Supplies Professional Development/Trainings
 Screenings/Assessments Assistance/Emergency Funds

FTE/Contracted Personnel Expenditure * ② # of FTE * ②
0.00 0.00

Equipment/Material/Supplies Expenditure * ②
0.00

Detailed Narratives

- Required for both the Administrative and Health Service expenditure sections
- Insufficient narratives may result in having to resubmit the report
- All narratives must include:
 - **Scope**-Is the item or service being described covered by reimbursement dollars?
 - **Identify**-Is the item/service identifiable or searchable?
 - **Purpose**-Does the item or service address student health needs or program administration?

Please include narratives for each selected subcategory. Copy and paste the following labels for organization:

FTE/Contracted Personnel:

Screenings/Assessments:

Category-Specific Narrative information
(Enter narrative in the space below. Hover over the question mark for help.) * [?](#)

FTE/Contracted Personnel:

Screenings/Assessments:

Make sure to copy and paste your selected subcategories into each of the narrative boxes

Sufficient Narratives

Insufficient	Problem	Sufficient
<i>Paid for additional staff to support student needs.</i>	<u>Scope</u> - Is this something that could be covered by reimbursement dollars?	<i>This expenditure paid for 2 Licensed School Counselors to help address the increasing student mental health needs in our district.</i>
<i>Purchased training materials for school nurses and health aides to increase emergency response in schools.</i>	<u>Identify</u> - The training materials are not identifiable.	<i>The district purchased CPR/First Aide curriculum and materials for district nurses to appropriately train all health aides to increase emergency response in schools.</i>
<i>Purchased two minibuses with wheelchair lifts.</i>	<u>Purpose</u> - Does not address the reason behind the purchase.	<i>This amount funded the purchase of two wheelchair-accessible minibuses to support the growing transportation needs of the significant needs' student population.</i>



For more assistance reference the [Report Narrative Support document](#) on the CDE SHS website

Section 4-Summary of Spending

- Reviews all FTE and expenditure amounts from both Administrative and Health Service sections
- Make sure these amounts are accurate



Summary of Expenditures

Total Administrative Expenditures: [?](#) \$0.00 [Calculate](#)

Total Health Service Expenditures: [?](#) \$0.00 [Calculate](#)

Total Health Service FTE: [?](#) 0.00 [Calculate](#)

Total Funds Expenditure for FY 2024-25: [?](#) \$0.00 [Calculate](#)

Section 5-Notifications and Participation

- Only section that does not concern spending
- Confirm that annual notifications are provided to parents and if your district/BOCES intends to continue participation

Annual Notifications & Intent to Continue Participation

For help on this section, visit [Other RSR Sections](#) in the CDE School Health Services Program Learning Tool.

1. Public agencies (e.g. public school districts) must provide written notification to parents prior to accessing a child's public benefits for the first time, and annually thereafter. Satisfying this requirement may vary by public agency.

The full list of requirements for the annual notification to parents may be found on the [U.S. Department of Education website](#). Please consult your district's legal team concerning questions related to the relevant regulations of the annual notice.

* [\(?\)](#)

I understand and acknowledge the above information, and annual notifications HAVE been sent to parents/legal guardians for this reporting period.

I understand and acknowledge the above information, but annual notifications HAVE NOT been sent to parents/legal guardians for this reporting period.

2. Does your district intend to continue its participation in the School Health Services program for the next fiscal year (FY 2026-27)?

If the "NO" option is selected, the medicaid coordinator listed on this report will receive a follow-up for confirmation.

* [\(?\)](#)

YES, our school district DOES intend to continue its participation in the School Health Services program.

NO, our school district DOES NOT intend to continue its participation in the School Health Services program.

Common Pitfalls

Pitfall	Solution
Spending does not align with the Local Services Plan (LSP)	Find another funding source or revise LSP
Not entering expenditures in the right category	Resubmit report
Insufficient narratives	Resubmit report
Confusing this report with Annual Cost report submitted to HCPF and PCG	Remember this report is all about <u>SPENDING</u> Medicaid reimbursement dollars
Waiting to last minute to fill out this report	Make sure you can access all the necessary financial information

Keys to Success

- ✓ Understand what is in your district/BOCES' Local Service Plan (LSP)
- ✓ Understand spending may differentiate from costs
- ✓ 9003 is the CDE grant code- use this code to track expenditures
- ✓ Use a spreadsheet to track spending requests, purchases, amounts, and purpose
- ✓ Utilize all the [CDE Reimbursement Resources](#)
- ✓ Look out for Reimbursement Spending Report work sessions October-February

CDE Program Resources

LSP

- [FY 2025-26 LSP Cohort Groups](#)
- [LSP Guidelines](#)
- [LSP Strategic Planning Document](#)
- [LSP Template](#)
- [Health Needs Assessment](#)
- [Expenditure Allowability Support Document](#)
- [LSP Revision Companion](#)

Reimbursement Spending Report

- [Submit Report Here \(opened October 1, 2026\)](#)
- [Reimbursement Spending Report Worksheet](#)
- [Category Transition Support Tool](#)
- [Report Narrative Support](#)

Parental Consents

- [CDE SHS Parent Program Guide \(English\)](#)
- [CDE SHS Parent Program Guide \(Spanish\)](#)
- [FERPA](#)
- [IDEA Rights](#)

Additional Resources

- [CDE SHS Program Learning Tool-chapters on each CDE program component including helpful videos and activities](#)
- [Stakeholder Area of Knowledge Tool](#)

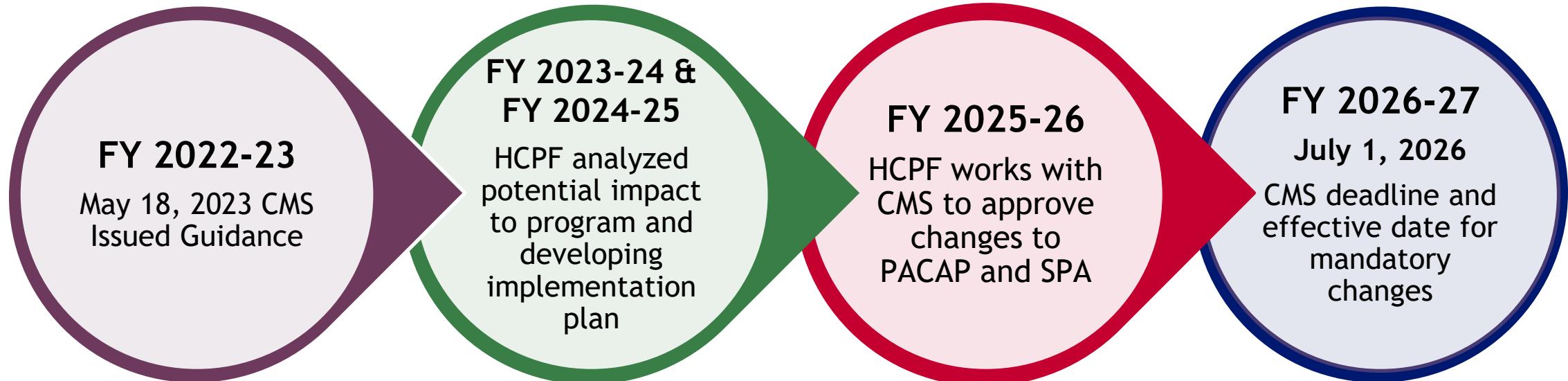
Questions?

HCPF Updates



CMS Comprehensive Guide

Timeline



CMS Comprehensive Guide

Timeline - *Anticipated changes*

Previously discussed:

- 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 quarter, per cost pool
- Anticipate that bus aides will no longer be the sole qualifier of a specialized transportation trip

Additional based on [June CMS FAQs](#):

- Safety monitoring no longer claimable
- Third cost pool

Important process changes

**Interim rates –
Updated
methodology**

**District – led
provider training
for changes to
safety monitoring
claiming**

**July - September
2026 (JS26) staff
pool list will open
in April**

**No Extended School
Year (ESY) costs or
claims – providers
should not submit
claims until first day
of regular school**

FY 2024- 25 Annual Cost Settlement

FY 2023-24

- **May:** FY 2024-25 interim payments are calculated based on previous three years cost reports
- Districts/BOCES have the option to reduce

FY 2024-25

- **Monthly:** Districts/BOCES receive FY 2024-25 interim payments based on estimated costs
- **February:** Mid year rate review based on direct service in first two quarterly costs reports
- **March:** FY 2024-25 Medicaid Enrollment Rate (MER) is calculated
- **May:** FY 2024-25 IEP utilization ratio is calculated

FY 2025-26

- **September:** FY 2024-25 Direct Medical and Free Care Percentages finalized
- **October:** Annual cost reports with actual costs are certified
- **November:** Desk reviews completed
- **December:** Transportation ratios finalized
- **December-February:** Comprehensive reviews completed, corrections completed
- **April/May:** Final reconciliation is calculated and reviewed by HCPF
- **April/May:** CPE forms are signed
- **June:** Settlement/Recoupment is released



Provider Enrollment and Claiming

Requirement

- Have a valid Medicaid Provider ID
- Required for Physical Therapists, Occupational Therapists, and Speech Language Pathologists to be on the Direct Service Staff Pool List
- Required for CMS compliance
- Providers should not have moments assigned or salaries and benefits claimed without valid Medicaid provider ID

Review

- Review providers
- District/BOCES responsibility for compliance
- HCPF does sample review before each time study starts
- Best practice to proactively review claims before 120-day timely filing

Resources

- [NPI OPR Guide](#)
- [Claims lookup quick guide](#)
- [Other quick guides including for name change](#)
- [Revalidation website](#)
- [Provider call center 1-833-468-0362](#)
- [Provider Enrollment Training](#)
- [SHS general email](#)



National Alliance for Medicaid in Education (NAME)

- Strong Colorado representation, opportunities to network
- Marie LeBlanc, Conference Committee Chair
- Olga Gintchin, Membership Committee Chair, State Medicaid Agency Region 3 Representative
- Save the date - 2026 conference



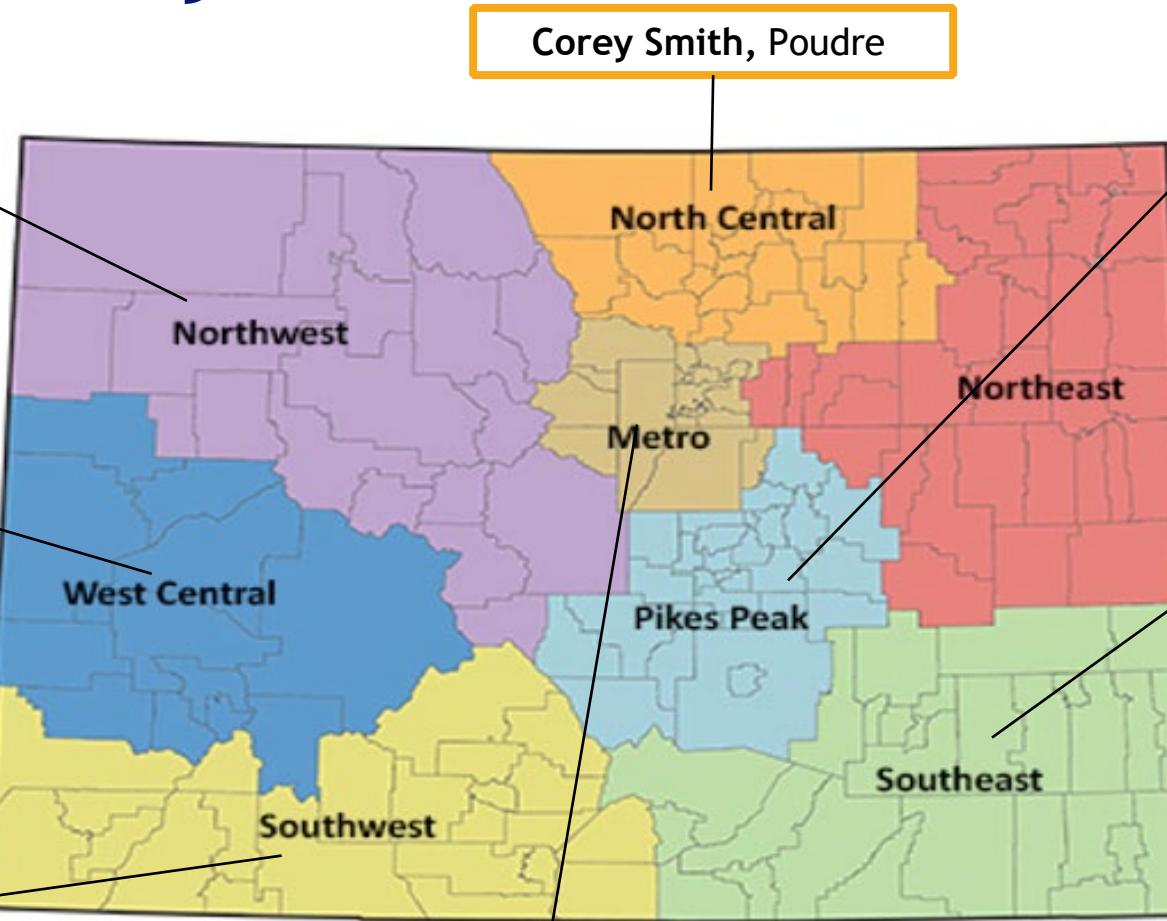
24TH ANNUAL **NAME**
CONFERENCE
SEPT 22-25, 2026

.....
HYATT REGENCY
MCCORMICK PLACE
2233 S MARTIN L KING DRIVE
CHICAGO, IL 60616
312.567.1234

Stakeholder Program

- Application process - experienced SHS support staff
- Support coordinators during mentorship and training sessions
- 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

Who is your Stakeholder?



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

Eva Geske, Mesa County Valley

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

Corey Smith, Poudre

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

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

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

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



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.

U.S. DEPARTMENT OF HUMAN SERVICES | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | U.S. DEPARTMENT OF HUMAN SERVICES | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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?

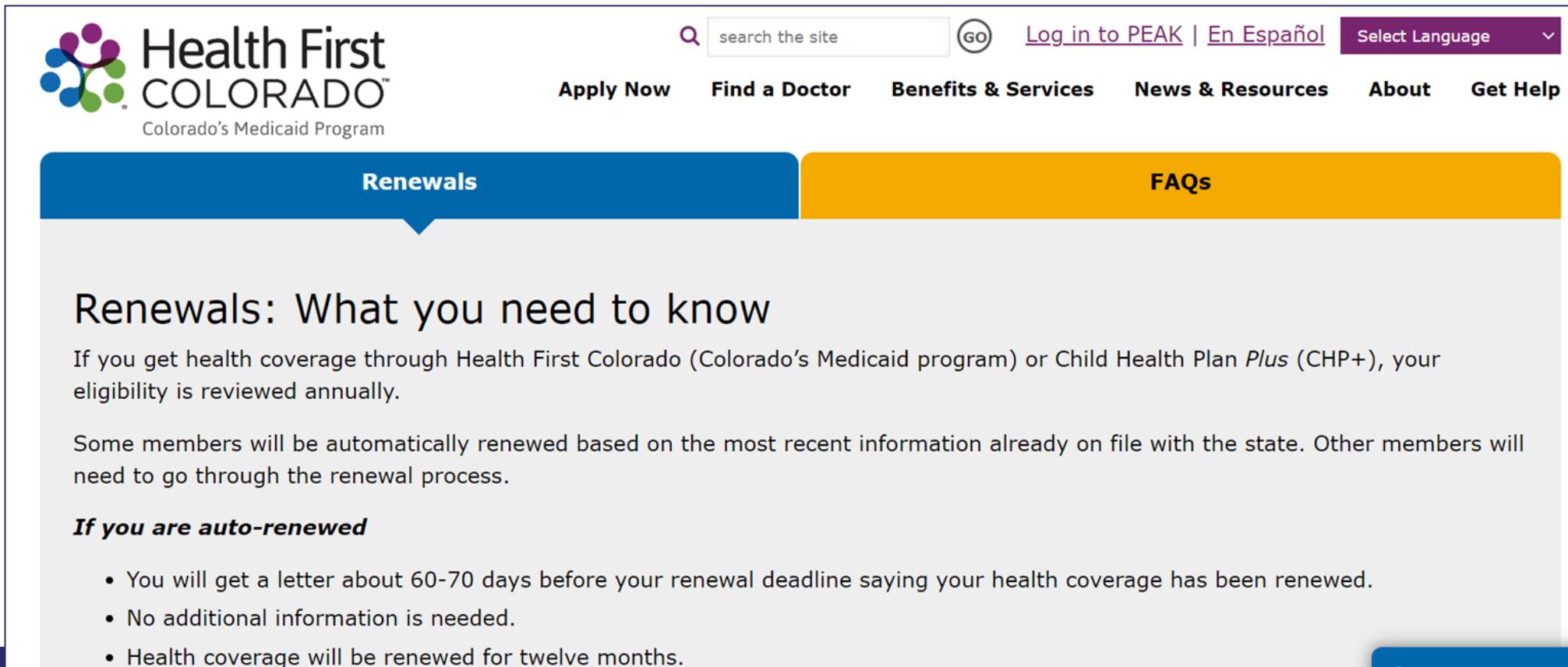
Other health coverage options include:

- 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. The top navigation bar includes the Health First Colorado logo, a search bar, a 'Log in to PEAK | En Español' link, and a 'Select Language' dropdown. Below the navigation are menu links: 'Apply Now', 'Find a Doctor', 'Benefits & Services', 'News & Resources', 'About', and 'Get Help'. A blue navigation bar at the top has 'Renewals' in white text. A yellow bar to its right has 'FAQs' in black text. The main content area has a grey background and features a section titled 'Renewals: What you need to know'. It contains text about annual reviews for Medicaid and CHP+ members, and information for members who are auto-renewed. A bulleted list at the bottom details what auto-renewal means.

Renewals: What you need to know

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

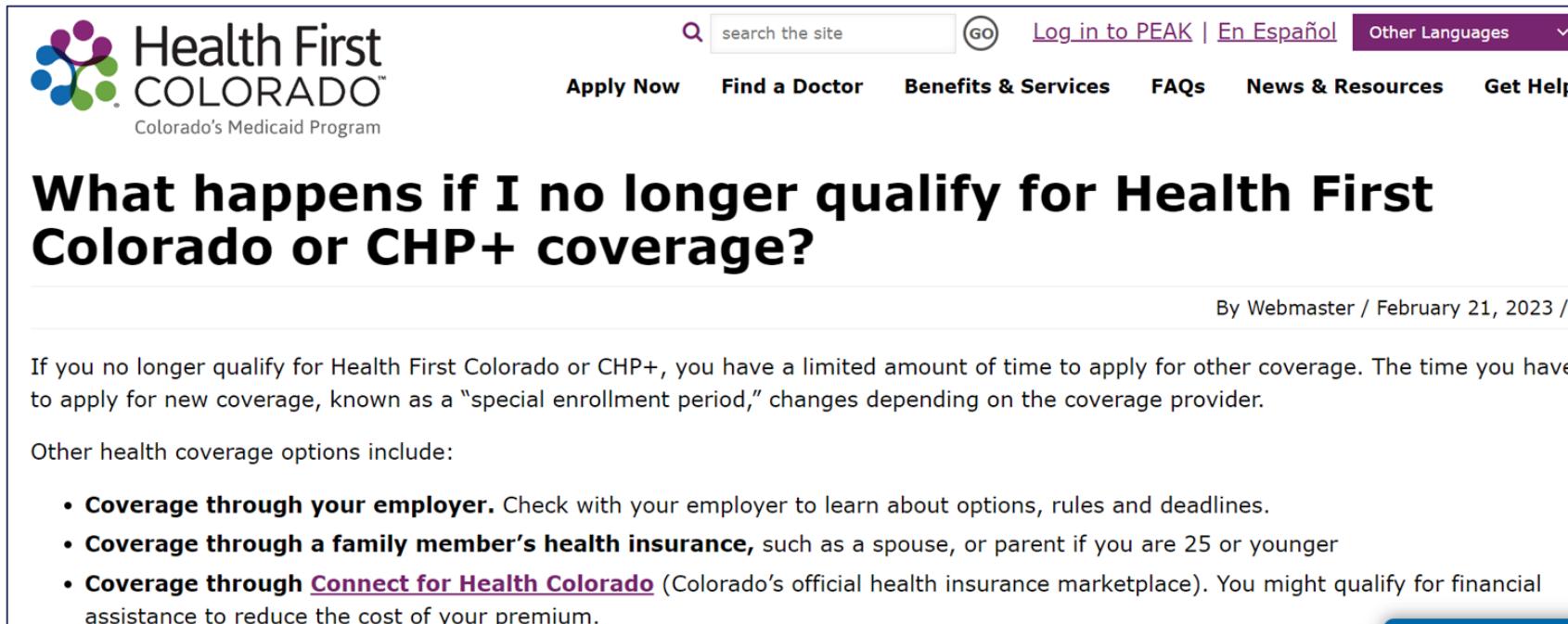
Some members will be automatically renewed based on the most recent information already on file with the state. Other members will need to go through the renewal process.

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 links for logging in, switching languages, and navigating to various sections like Apply Now, Find a Doctor, Benefits & Services, FAQs, News & Resources, and Get Help. The main content features a large, bold heading: "What happens if I no longer qualify for Health First Colorado or CHP+ coverage?". Below the heading, a timestamp indicates the article was posted "By Webmaster / February 21, 2023 /". The text explains that if someone no longer qualifies for Health First Colorado or CHP+, they have a limited time to apply for other coverage, known as a "special enrollment period," which varies by provider. It then lists other health coverage options, including employer coverage, family member insurance, and coverage through Connect for Health Colorado.

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.

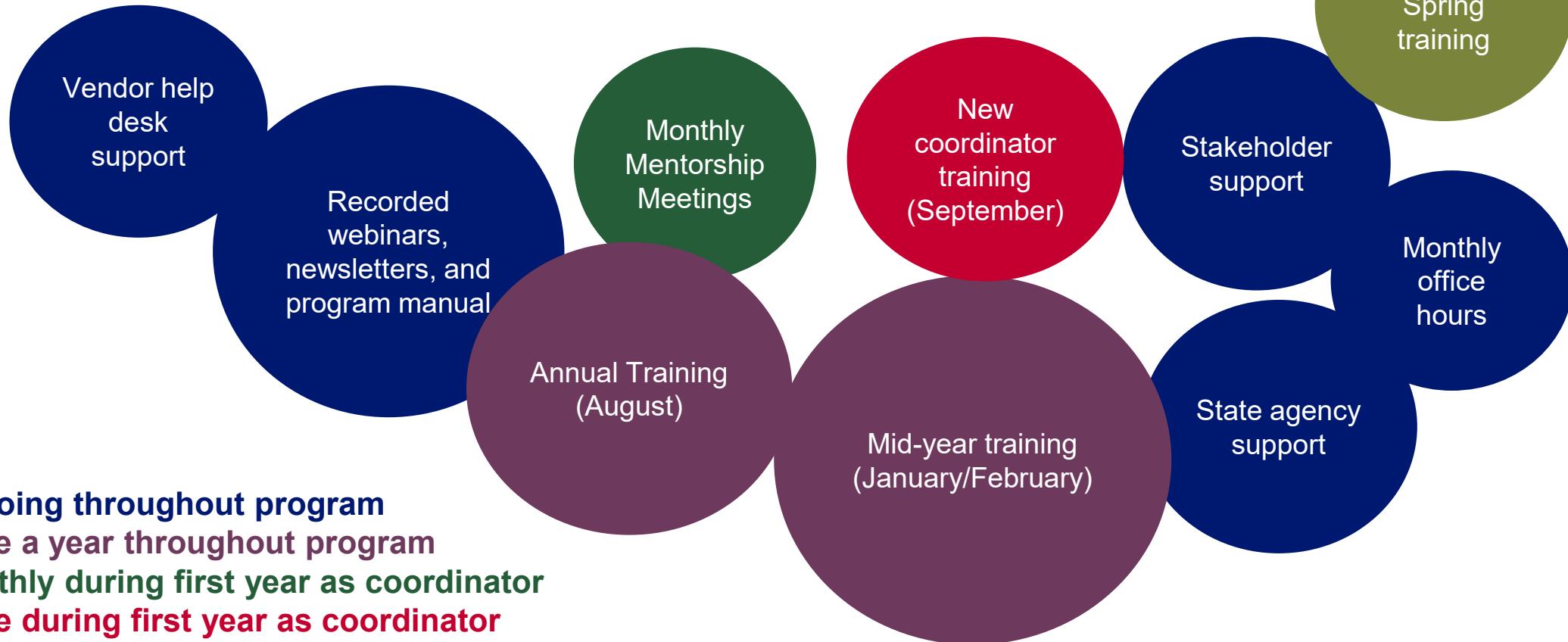
Other health coverage options include:

- **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.

HCPF Federal Resources

HCPF resources and website for Understanding the Impact of Potential Federal Funding Cuts to Medicaid

Program Resources



Questions?

Thank you

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Department of Health Care Policy & Financing
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School Health Services Medicaid Consultant
Colorado Department of Education
thornhill_a@cde.state.co.us

PCG Updates



Agenda

- Introduction
- Program Updates from the CMS Guidance
 - Random Moment Time Study
 - Financial Updates
- Contact Information and Resources



Acronyms A-H

Acronym	Full Name
<i>AJ</i>	April - June
<i>BOCES</i>	Board of Cooperative Educational Services
<i>CDE</i>	Colorado Department of Education
<i>CMS</i>	Centers for Medicare & Medicaid Services
<i>CPE</i>	Certified Public Expenditures
<i>ESY</i>	Extended School Year
<i>FAPE</i>	Free Appropriate Public Education
<i>FY</i>	Fiscal Year
<i>HCPF</i>	Department of Health Care Policy & Financing

Acronyms I-Z

Acronym	Full Name
<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>MAC</i>	Medicaid Administrative Claiming
<i>OD</i>	October - December
<i>PCG</i>	Public Consulting Group
<i>SHS</i>	School Health Services
<i>SPA</i>	State Plan Amendment
<i>SPL</i>	Staff Pool List
<i>TSIP</i>	Time Study Implementation Plan

Introduction

Medicaid and Schools

Districts work within the Federal and State laws/guidelines to receive federal matching dollars for health services they are already providing as outlined on medical plans of care.

Federal Government

- Centers for Medicare & Medicaid Services (CMS) offers guidance/program oversight and approves state plan amendments (SPA)
- Individuals with Disabilities Education Act (IDEA) requires districts to provide students with disabilities a Free Appropriate Public Education (FAPE)
- Federal law allows state Medicaid agencies to claim federal matching funds for eligible costs related to providing direct services on a student's medical plan of care and the administrative costs in support of the Medicaid state plan and Time Study Implementation Plan (TSIP)

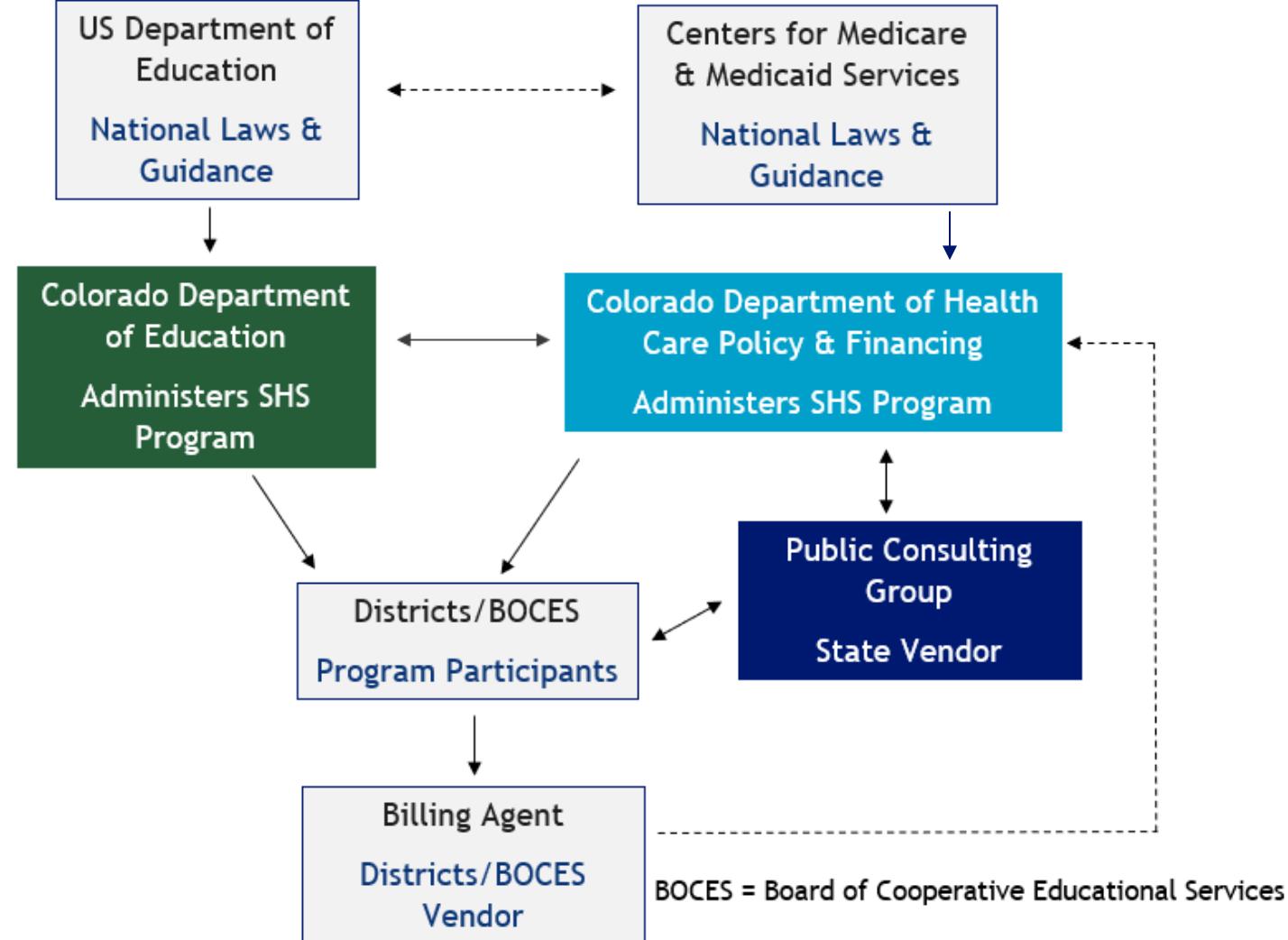
State Government

- State Medicaid agency administers school-based claiming programs
- State agencies work under Federal guidelines and provides oversight of the administration of the program
- Typically issues reimbursement to districts
- Typically employs a vendor to administer the program

District/Board of Cooperative Educational Services (BOCES)

- Sign intergovernmental agreement with state Medicaid agency to participant in the school-based claiming program
- Funds are recovered based on a cost-based reimbursement methodology

Organizational Chart



Program Updates from the CMS Guidance

Random Moment Time Study (RMTS)

RMTS Quarters

In previous years, the RMTS results from the previous Fiscal Year (FY) were applied to the July-September (JS) quarter for cost calculation. Starting July 1, 2026 the JS quarter will have time study results.

July-September

SPL opens: 4/1/2026

Moments Begin: The first regular working day when district/BOCES staff return from summer break

October-December

SPL opens: 8/3/2026

Moments Begin: 10/1/2026

FY
2026-
27

January-March

SPL opens: 11/2/2026

Moments Begin: 1/4/2027

April-June

SPL opens: 2/1/2027

Moments Begin: 4/1/2027

Three Cost Pools

Starting with July-September 2026, the number of cost pools will expand from **two** to **three**:

Administrative Personnel

- No changes to job categories
- Eligible for MAC reimbursement only

Direct Service

- Job categories removed: Personal Care Aide/Teacher's Aides and Health Technicians
- PCG will execute the initial transfer of these job categories from Direct Service to Personal Care
- Eligible for MAC & direct service reimbursement

Personal Care

- Job categories added: Personal Care Aide/Teacher's Aides and Health Technicians
- PCG will execute the initial transfer of these job categories from Direct Service to Personal Care
- Eligible for MAC & direct service reimbursement

Personal Care Cost Pool

Due to potential feedback from CMS in response to the Technical Assistance Center (TAC) questions & answers (June 2025), personal care activities of 'cueing' and 'safety monitoring' may be unallowable in the future.

SPA Updates

There have been no revisions regarding the removal of cueing or safety monitoring; however, it is anticipated that CMS will make this request.

Measuring Impact

An RMTS & financial data analysis was conducted to compare reimbursement differences between two-cost-pool and three-cost-pool models.

Outcome

Including a personal care cost pool minimizes the negative financial impact and reduces the number of participating districts/BOCES affected.

RMTS Updates

Current

Cost Pools: Administrative Personnel and Direct Service

Three time study quarters because there's no time study in the July-September (JS) quarter

Total of **6,200** Moments per quarter (Admin = 3,000 & DS = 3,200)

Starting July 1, 2026

Cost Pools: Administrative, Direct Service, and Personal Care

Four time study quarters - Time study will occur in the JS quarter

Total of **4,620** per quarter (1,540 per cost pool)

July-September Time Study

The new time study quarter will be determined by the first day of school for each participating district/BOCES. Coordinators will complete similar tasks for RMTS preparation as other quarters with the addition of identifying the 'first day' of school:

First Day:

Defined as the first day district/BOCES staff return to work after the summer break.

Why This is Important: The school year starts on different days for schools and the PCG Claiming System will have a 'first day of school' feature on the calendar page. This feature will function much like the 'last day' of school for the April – June quarter.

Extended School Year (ESY):

Calendars for ESY staff should not be considered for this quarter. The time study should only capture activities that occur during the regular school year.

Why This is Important: Costs cannot be claimed without a corresponding time study. Since the time study will not occur while districts/BOCES are on summer break, ESY costs cannot be claimed.

July-September Quarter Timeline

The staff pool list, calendars & shifts will have an earlier timeline for districts/BOCES to certify as compared to other quarters due the end of the school year in May. Please contact PCG if you need the SPL/Calendar reopened after 4/30.



SPL/Calendars Open:
April 1st

SPL/Calendars Close:
April 30th

PCG reviews SPL/Calendars & contacts districts/BOCES about potential corrections prior to summer break

PCG will generate the sample for the first summer time study quarter

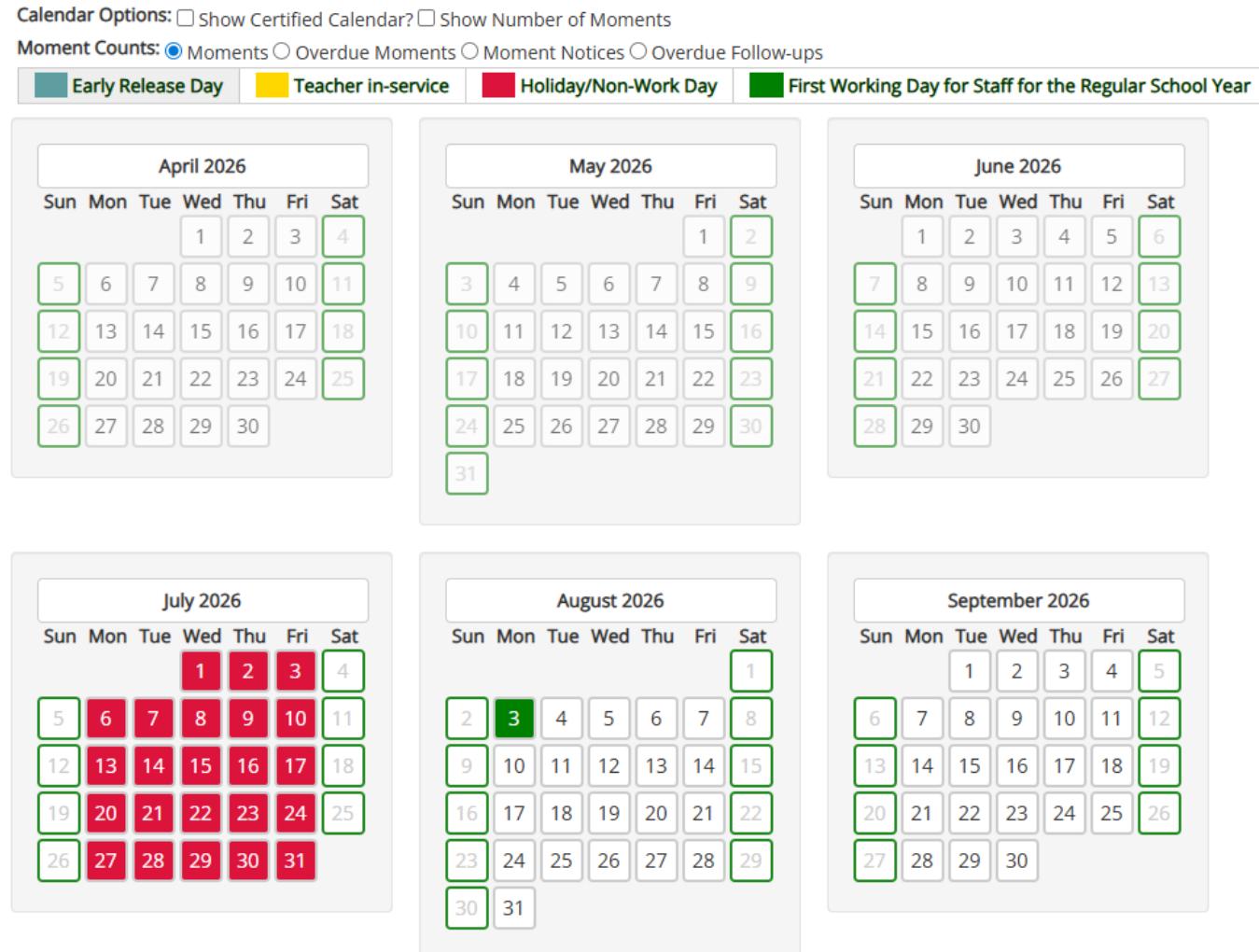
SPL and Calendar Features

First Day of School Feature

The first day of school feature has been added to the calendar creation process

This feature will function similarly to the 'last day of school feature'

- Select the first day of school that your district employees report to work for the new school year
- This will mark all days prior to that first day as non-working days



Vacancy Status Feature

Vacancy status displays how long a specific vacancy has remained unfilled

- ✓ Use this feature to monitor the status of open positions throughout the year
- ✓ When a vacancy's age is 7 month or older, it must be removed prior to certifying the SPL

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

Coordinator Responsibilities

Participant Training

Training participants is important, especially when program changes occur. Coordinator training should include the following:

- ✓ Why they have been chosen to answer survey questions
- ✓ Why the RMTS is important
- ✓ How to provide complete and detailed responses
- ✓ How detailed and honest answers can minimize follow-up questions

Training Materials that can be used for RMTS by logging into the PCG Claiming System:

1. **Email Language Template:** This resource provides coordinators with language that can be sent to all staff pool list participants before the start of the quarter. This will help explain the program and the importance of the RMTS.
2. **RMTS At A Glance:** This tool can be sent to all staff pool list participants. This document answers frequently asked questions from participants, explains time study response requirements, and tips for answering when in specific situations.

SPL Activity

Financial Updates

Extended School Year (ESY)

Current

Pay related to job duties, including ESY, could be reported within financials

Starting July 1, 2026

No ESY costs should be reported on the MAC or annual cost report

Note: ESY costs can still be claimed on the FY 2025-26 annual cost report

Specialized Transportation – Bus Aides

Current

The presence of a bus aide could be the sole qualifier of a specialized transportation trip

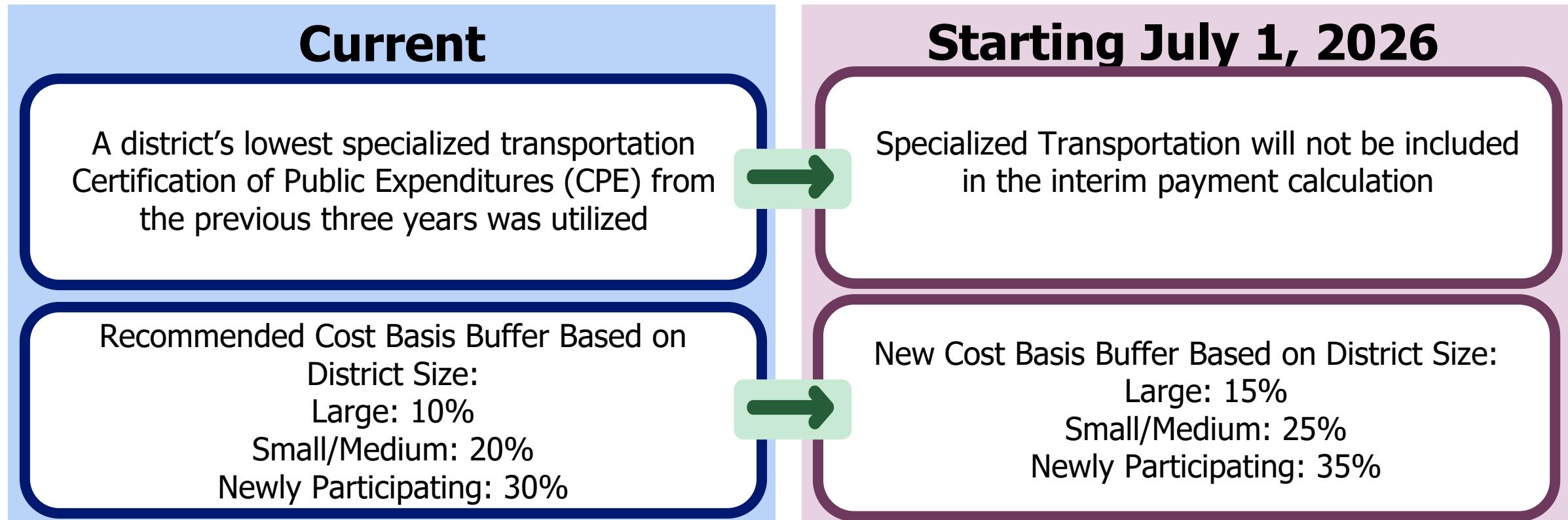


Starting July 1, 2026

A bus aide no longer acts as the sole qualifier of a specialized transportation trip. The student must require a physical modification of the vehicle as prescribed in their Individualized Education Program (IEP) for the trip to be counted

Note: Additional training will occur April

Interim Payment Calculation



Contact Information and Resources



Program Resources

Click-2-Learns

Refresher Trainings

User Guides

Stakeholder Information

Program Manual

Program Calendar

Training Schedule and Past Presentations

Newsletters

Fact Page

Staff Pool List Decision Tree

School Health Services Program Website: <https://hcpf.colorado.gov/school-health-services>

PCG Claiming System: <https://claimingsystem.pcqus.com/co>

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 Financial Questions: cormts@pcgus.com 866-766-9015
SHS Program website: https://hcpf.colorado.gov/school-health-services	CDE website: https://ed.cde.state.co.us/shs/medicaid-home	PCG Claiming System: https://claimingsystem.pcgus.com/co



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