



**COLORADO**  
Department of Health Care  
Policy & Financing

Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

November 2, 2020

The Honorable Daneya Esgar, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Representative Esgar:

Enclosed please find the Department of Health Care Policy and Financing's response to the Joint Budget Committee's Request for Information #4 regarding Public School Health Services.

Legislative Request for Information #4 states:

*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.*

The report includes information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars distributed to each school under the program. There are two programs under the Department's purview that provide funds for health services provided to students: The School-Based Center Program and the School Health Services Program.

The School Health Services Program provides health services as required in a child's Individualized Education Program or Individualized Family Service Plan and the School Based Health Center Program provides primary care and mental health services. This report pertains to the School Health Services Program.



If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at Jill.Mullen@state.co.us or 720-682-3046.

Sincerely,



Kim Bimestefer  
Executive Director

KB/mv

Enclosure(s): Health Care Policy and Financing FY 2020-21 Department RFI #4

CC: Senator Dominick Moreno, Vice-chair, Joint Budget Committee  
Representative Julie McCluskie, Joint Budget Committee  
Representative Kim Ransom, Joint Budget Committee  
Senator Bob Rankin, Joint Budget Committee  
Senator Rachel Zenzinger, Joint Budget Committee  
Carolyn Kampman, Staff Director, JBC  
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Anne Saumur, Cost Control Office Director, HCPF  
Parrish Steinbrecher, Health Information Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF



Legislative Request for Information 4 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.*

## **EXECUTIVE SUMMARY**

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 4. 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 eligible student, some of these services qualify for Medicaid reimbursement. The School Health Services Program administered by the Department of Health Care Policy and 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.<sup>1</sup>

Legislative Request for Information 4 requests information on the following:

- 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 enrolled clients as prescribed in the client's Individual Education Program (IEP) or the Individualized Family Service Plan (IFSP). Covered services may include direct medical services, including rehabilitative therapies, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, Targeted Case Management and Specialized Non-Emergency Transportation services.

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<sup>1</sup> 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) or the Individualized Family Service Plan (IFSP) and the School Based Health Center Program provides primary care and mental health services. A more in depth explanation of the two programs can be found on pages 2 and 3 of this report.

During FY 2018-19, 19,900 enrolled children with an IEP or IFSP and in FY 2019-20, 19,836 enrolled children with an IEP or IFSP received school health services reimbursed through Medicaid. Participation by Medicaid-enrolled clients is optional.

- 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 client for services. The client's IEP or IFSP, 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.

- Federal Dollars Distribution to School Districts

For FY 2018-19, 54 School Health Services Program Providers received Medicaid reimbursement totaling \$53,361,844. As 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 new and expanded primary and preventative 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 2018-19 the most common area to use the funds according to a provider's LSP was to fund additional nursing services and mental health for all students.

## **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.

### 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 compliment 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 and 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.

### 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 eligible and have an IEP or IFSP. (Note: 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 Funds which draw 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 on-site 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.

### **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 2019-20, 55 school districts or BOCES contracted with the Department to receive Medicaid reimbursement for providing school health services to eligible clients. 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 a 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 2018-19, 54 providers were reimbursed a total of \$53,361,844 for direct services, Targeted Case Management (TCM) and Medicaid Administrative Claiming (MAC).

During FY 2018-19 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 additional nursing services at \$12,731,221; additional mental health services at \$10,556,954; additional case management services at \$5,474,191; and additional health technicians/clinic aid hours. \$3,676,333.

- For FY 2019-20, these providers have received interim payments in the amount of \$39,586,745 for direct services and TCM and for three quarters of MAC payments a total of \$4,580,687

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 clients. 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 2019-20 for FY 2018-19.

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 2018-19 four quarters were eligible for MAC reimbursement, and 54 school districts participated in MAC for reimbursement totaling \$5,284,402. In FY 2019-20, 55 SHS providers participated in MAC; reimbursements received totaled \$4,580,687 for payments through the end of the third quarter.

**Table 1 - FY 2018-19 Medicaid Administrative Claiming Net Payments**

<b>School Health Services Program Provider</b>	<b>FY 2018-19 Net Total MAC Payment</b>	<b>FY 2019-20 Net MAC Payments Three Quarters (July 2019-March 2020)</b>
Adams 12 Five Star Schools	\$588,765	\$514,427
Adams Arapahoe SD #28J	\$538,407	\$531,239
Adams County SD #14	\$78,974	\$69,684
Alamosa School District RE-11J	\$13,336	\$15,468
Arapahoe County SD #2	\$21,954	\$23,814
Arapahoe County SD #6	\$34,817	\$41,794
Boulder County SD #2	\$171,958	\$137,576
Buena Vista SD R31	\$7,992	\$6,300
Cherry Creek 5	\$311,050	\$280,785
Colorado School for the Deaf and Blind	\$46,313	\$39,313
Colorado Springs SD 11	\$44,047	\$56,194
Counties of Adams & Weld SD 27J	\$69,707	\$45,773
Counties of Archuleta & Hinsdale District JT	\$3,695	\$3,828
Delta County Joint SD 50J	\$17,840	\$16,688
Denver County SD 1	\$949,695	\$738,922
Douglas County 1	\$274,147	\$187,832
Eagle County RE50J SD	N/A	\$16,597
El Paso Colorado School District 49	\$133,659	\$125,935
El Paso County SD #12	\$3,888	\$3,891
El Paso County SD #14	\$15,198	\$12,070
El Paso County SD #2	\$31,756	\$49,626
El Paso County SD #20	\$31,197	\$32,571
El Paso County SD #3	\$51,526	\$60,735
El Paso County SD #38	\$8,975	\$7,651
Englewood	\$42,324	\$33,476
Garfield County SD 16	\$1,759	\$5,792
Garfield County SD RE2	\$9,280	\$8,580
Gunnison Watershed SD	\$3,591	\$2,372
Jefferson County Public Schools	\$243,929	\$218,844
La Plata County SD #10JT-R	\$2,298	\$2,734
La Plata County SD #9-R	\$15,775	\$11,775
Lake County SD #10JT-R	\$5,380	\$4,293
Lamar SD RE2	\$17,408	\$15,317
Mapleton SD 1	\$80,942	\$69,509
Mesa County Valley SD 51	\$360,680	\$281,055
Montezuma Cortez	\$6,018	\$6,124
Montezuma County SD #RE-4A	\$6,427	\$5,231
Montrose County SD RE-1J	\$12,043	\$11,681
Otero County SD #1	\$7,184	\$8,008
Otero County SD #2	\$2,127	\$2,465



<b>School Health Services Program Provider</b>	<b>FY 2018-19 Net Total MAC Payment</b>	<b>FY 2019-20 Net MAC Payments Three Quarters (July 2019-March 2020)</b>
Pikes Peak BOCES	\$37,187	\$27,883
Platte Canyon SD 1	\$2,218	\$2,192
Pueblo County SD #70	\$102,420	\$85,413
Pueblo SD #60	\$209,387	\$197,805
Rio Blanco BOCES	\$4,531	\$4,645
Roaring Fork SD	\$75,551	\$63,345
Salida SD R-32-J	\$14,515	\$11,945
School District Fremont RE-1	\$5,608	\$9,957
St Vrain Valley RE 1J	\$128,207	\$95,907
Teller County SD #1	\$5,535	\$3,904
Thompson SD #2J	\$153,446	\$116,556
Weld County SD 6	\$133,046	\$123,520
Westminster SD	\$129,489	\$115,283
Woodland Park SD	\$14,219	\$13,776
<b>Total</b>	<b>\$5,283,402</b>	<b>\$4,580,687</b>

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

## **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 eligible student, some of these services qualify for Medicaid reimbursement.

SHS Program Providers can receive reimbursement from Medicaid for delivering services to Medicaid-eligible clients 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; TCM and specialized non-emergency transportation services. SHS Program Providers must provide services that are medically necessary and provided to clients as prescribed in the client's IEP or the IFSP<sup>2</sup>.

<sup>2</sup> 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.

Under EPSDT<sup>3</sup>, 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 clients 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. 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.

TCM services assist with accessing needed medical, social, educational, and other services for clients who have a diagnosable physical or mental condition that has a high probability of impairing cognitive, emotional, neurological, social, or physical development. Services may include individualized strengths and needs assessments; service planning that provides an individualized written, comprehensive service plan based on needs identified in the assessments; service coordination, monitoring and advocacy; and crisis assistance planning.

School districts received Medicaid reimbursement for providing medical services, TCM and specialized non-emergency transportation to 19,900 Medicaid enrolled clients in FY 2018-19 and 19,836 Medicaid enrolled clients in FY 2019-20. Table 2 summarizes the type of services for which districts received Medicaid reimbursement in FY 2018-19 and FY 2019-20 and the number of unique clients that received each service. It is important to note that as of FY 2019-20 55 providers participated in the SHS Program, accounting for over 84% of the total student population in the state of Colorado.

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<sup>3</sup> 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.

**Table 2 - FY 2019-20 Unique Clients Served by Medicaid Reimbursed Service**

<b>Medicaid Reimbursed Service</b>	<b>Unique Clients Served FY 2018-19</b>	<b>Unique Clients Served FY 2019-20</b>
Speech, Language, and Hearing	15,267	15,110
Physical Therapy	1,503	1,509
Personal Care	4,606	4,879
Occupational Therapy	5,618	5,605
Orientation and Mobility	118	132
Nursing	507	429
Psychology, Counseling, and Social Work	2,315	2,138
Targeted Case Management	0	0
Transportation	2,734	2,713
<b>Total Clients – All Services</b>	<b>19,900<sup>4</sup></b>	<b>19,836<sup>4</sup></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 client for services. The client’s IEP or IFSP, 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.

<sup>4</sup> Note: Total Clients–Direct Services, Targeted Case Management, 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 Colorado IBM Watson Health/TRUVEN Data warehouse. Data Section, Department of Health Care Policy and Financing. September 12, 2019 for FY 2018-19 data and September 14, 2020 for FY 2019-20 data.

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

### **Federal Dollars Distribution to School Districts**

As detailed in Table 3, during FY 2018-19, 54 SHS Program Providers received Medicaid reimbursement totaling \$48,078,442 for direct service and Targeted Case Management. Additionally, as noted in Table 1, providers received \$5,283,402 in MAC payments in FY 2018-19, and \$4,580,687 in MAC payments for FY 2019-20 through three quarters – July 2019 – March 2020.

In FY 2019-20, claims submitted for Medicaid services by 55 SHS Program Providers resulted in interim payments and Medicaid reimbursement of \$39,586,745 which were exclusively federal funds. As the original expenditure of the medical service was incurred by a public entity using local 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 ten percent 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 2019-20, \$2,216,308 was retained by the Department to cover administration costs.

**Table 3 - FY 2018-19 Net Medicaid Reimbursement to School Health Services Program Providers**

<b>School Health Services Program Providers</b>	<b>Total Net Medicaid Reimbursement for FY 2018-19</b>	<b>FY 2019-20 Net Medicaid Interim Payments</b>
Adams 12 Five Star Schools	\$3,456,306	\$3,152,223
Adams Arapahoe SD #28J	\$4,417,943	\$3,908,872
Adams County SD #14	\$656,525	\$578,165
Alamosa School District RE-11J	\$279,701	\$130,879
Arapahoe County SD #2	\$188,221	\$152,648
Arapahoe County SD #6	\$806,552	\$551,130
Boulder County SD #2	\$1,357,534	\$1,333,671
Buena Vista SD R31	\$81,720	\$56,929
Cherry Creek 5	\$3,625,433	\$3,260,284
Colorado School for the Deaf and Blind	\$255,920	\$192,908
Colorado Springs SD 11	\$1,252,856	\$1,081,317
Counties of Adams & Weld SD 27J	\$1,177,471	\$1,101,485
Counties of Archuleta & Hinsdale District JT	\$110,824	\$47,555
Delta County Joint SD 50J	\$290,034	\$182,831
Denver County SD 1	\$3,873,094	\$3,904,016

Douglas County 1	\$3,262,166	\$2,150,016
Eagle County RE50J SD	N/A	\$59,680
El Paso Colorado School District 49	\$1,399,047	\$1,124,499
El Paso County SD #12	\$163,099	\$101,929
<b>School Health Services Program Providers</b>	<b>Total Net Medicaid Reimbursement for FY 2018-19</b>	<b>FY 2019-20 Net Medicaid Interim Payments</b>
El Paso County SD #14	\$198,053	\$115,925
El Paso County SD #2	\$390,259	\$232,524
El Paso County SD #20	\$1,177,259	\$763,571
El Paso County SD #3	\$281,091	\$220,347
El Paso County SD #38	\$206,652	\$159,096
Englewood	\$314,188	\$228,559
Garfield County SD 16	\$63,446	\$15,300
Garfield County SD RE2	\$281,281	\$191,391
Gunnison Watershed SD	\$75,589	\$49,922
Jefferson County Public Schools	\$3,804,081	\$2,666,154
La Plata County SD #10JT-R	\$103,483	\$76,052
La Plata County SD #9-R	\$304,055	\$164,393
Lake County SD #10JT-R	\$80,581	\$58,129
Lamar SD RE2	\$208,552	\$158,473
Mapleton SD 1	\$417,224	\$216,153
Mesa County Valley SD 51	\$2,695,843	\$2,302,672
Montezuma Cortez	\$170,276	\$136,336
Montezuma County SD #RE-4A	\$20,492	\$6,231
Montrose County SD RE-1J	\$441,212	\$276,772
Otero County SD #1	\$204,883	\$137,121
Otero County SD #2	\$64,826	\$41,446
Park County RE2	\$52,478	\$28,833
Pikes Peak BOCES	\$396,516	\$272,304
Platte Canyon SD 1	\$59,264	\$56,849
Pueblo County SD #70	\$1,235,252	\$1,077,584
Pueblo SD #60	\$1,431,427	\$1,292,205
Rio Blanco BOCES	\$38,959	\$16,603
Roaring Fork SD	\$195,845	\$175,757
Salida SD R-32-J	\$143,575	\$113,194
School District Fremont RE-1	\$175,563	\$137,767
St Vrain Valley RE 1J	\$1,774,444	\$1,510,891
Teller County SD #1	\$57,276	\$49,497
Thompson SD #2J	\$1,289,992	\$1,077,963
Weld County SD 6	\$1,637,815	\$1,421,709
Westminster SD	\$1,019,321	\$827,462
Woodland Park SD	\$412,943	\$240,519
<b>Total</b>	<b>\$48,078,442</b>	<b>\$39,586,745</b>

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