The State of Colorado
Department of Health Care Policy & Financing
and
Department of Education

2014-2019

Medicaid School Health Services
Local Services Plan Guidelines

SUBMIT FORMS VIA EMAIL TO:

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DUE DATE: Friday, June 6, 2014
Mail one signature page to:
Colorado Department of Education
201 E. Colfax, Denver, CO 80204
Attention: Jill Mathews

Medicaid School Health Services Program

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Medicaid School Health Services Program

Definitions

BOCES - Board of Cooperative Education Services

CDE - Colorado Department of Education

HCPF - Colorado Department of Health Care Policy and Financing

IEP - Individual Education Plan

LSP - Local Services Plan

School District or District - A school district is defined in statute as "*any board of cooperative services established pursuant to article 5 of title 22, C.R.S., any state educational institution that serves students in kindergarten through twelfth grade including, but not limited to, the Colorado School for the Deaf and the Blind, created in article 80 of title 22, C.R.S., and any public school district organized under the laws of Colorado, except a junior college district.*" *26-4-531 (1) (b), C.R.S.*

Background

In 1997, the Colorado General Assembly passed legislation that authorizes public school districts, Boards of Cooperative Education Services and state K-12 educational institutions to provide enhanced health services to children by using reimbursed Medicaid funds.

The intent of this legislation is to:

- Support and enhance local school health programs
- Increase access to preventive and primary health care services for low-income, uninsured and underinsured children
- Improve care coordination between schools and health care providers

The program has two different and exclusive components; receiving reimbursements from the federal government for providing IEP health services to Medicaid eligible students and using these funds to enhance health services to all students. The statute allows districts to be reimbursed through federal matching funds for IEP health services provided by Medicaid qualified providers to Medicaid eligible students during school hours**. Matching funds are required to be used to expand health services for all children. Funds are intended to enhance or expand the availability of health services to students and should not be used to fund services that districts are required to deliver under federal or state law.** The legislation allows for up to 30% of these reimbursed funds to be used for initiatives to increase access to health care for low-income students.

Medicaid School Health Services Program

Participation Requirements

To receive Medicaid reimbursement, each school district/BOCES which enters into a contract with HCPF on behalf of the state of Colorado must:

- Assess the health care needs of its students, including an assessment of the needs of uninsured and underinsured students
- Obtain and incorporate community input to establish health priorities
- Develop an LSP according to guidelines issued by the Colorado Department of Health Care Policy & Financing (HCPF) and the Colorado Department of Education (CDE)

Guidelines

These guidelines are intended to provide assistance to school districts in developing a five year LSP. Please use the attached forms to develop and submit the LSP. Include any additional information on a separate sheet attached at the end of the forms.

For a district to contract with the state to receive reimbursement for eligible health services provided to Medicaid eligible students, a Local Services Plan (LSP) must be submitted by the school district to CDE. The LSP must be developed in accordance with the guidelines issued by the Department of Health Care Policy & Financing (HCPF) and reviewed by the Colorado Department of Education (CDE). Required elements of the plan include:

- Determine the health needs of students, including a targeted needs assessment for uninsured and underinsured students
- Solicit input from members of the community to determine local unmet health needs via:
    - School Health Advisory Committee with cross section of community members
    - Survey Monkey sent to principals, mental health providers, parents, public health Healthy Communities staff, public health registered nurses, homeless services, community-based healthcare providers and other community based advocacy groups
- Determine the amount of reimbursement available from HCPF Cost Reconciliation Report
- Community partners prioritize unmet health needs as determined by needs assessment
- Describe and list the expanded or new health services to be provided based on community input and needs assessment
- Describe how funds will be allocated for these health services as determined by community partners
- Establish procedures for monitoring and reporting the delivery of these health services

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The school district will enter into a contract with HCPF, on behalf of the State of Colorado. This contract allows the school district to submit documentation of services provided to IEP/Medicaid eligible students and to receive Cost Reconciliation dollars from the federal government to fund the enhanced health services described in the LSP.

Planning Schedule

The service period for the 2014-19 LSP runs from July 1, 2014 through June 30, 2019. The planning and design phase ends on June 6, 2014 when plans are due to CDE. The LSP will be reviewed by program personnel at CDE and HCPF. Any additional information or clarifications requested by CDE and HCPF must be provided within 10 business days of the request. Notifications of approval or requests for revision will be sent via email. For this reason, it is important that the contact person listed on the LSP is the person who will need to receive this information.

Format and Submission Requirements

When developing the LSP, please use the appropriate forms provided by CDE and provide all of the information requested. The LSP will become an Attachment B of your School Health Services contract. You may submit the forms electronically and mail the copy of **one signature page** (with original signatures).

2014-2019 LSP and signature page must be received at CDE
No later than Friday, June 6, 2014

Please mail <u>1 signed original signature page to</u>:

Jill Mathews
Colorado Department of Education
201 E. Colfax, Room 305
Denver, CO 80202

Email LSP to: mathews_j@cde.state.co.us

Medicaid School Health Services Program

Part I: General Information

Part I-A - Cover Page

The cover page identifies the school district, BOCES, or state education institution entering into the contract with the State of Colorado. Please enter the name of the county and school district number, the common name of the school district, the name of the district Program Contact and the contact's phone number and email address on the form **Part I-A – Cover Page**. The person listed on this page will be considered primary contact for the program and will be responsible for submitting documents in a timely manner.

Part I-B - Signature Page

The School District Medicaid Coordinator is authorized to sign the Local Services Plan, agreeing to the conditions listed on the form for **Part I-B – Signature Page**. The signature **must be original.** This person will be identified in your contract as the contact person for the program and will be responsible for ensuring that program funds are spent correctly. **Please be sure to read the assurances before you sign them.**

NOTE: Preferable method for submitting the LSP is electronically and mail in 1 copy of the signature page with original signatures.

Part II- Identification of Community Health Needs

Part II-A - Community Health Needs Assessment

Before developing the Program Plan of the LSP, districts must assess the health needs of the local student population. This assessment should identify the health needs of children and youth in the local community. Use the assessment to determine if and how well current services are meeting those needs. Understanding the gaps in service provision allows the district to set priorities when determining which health services to offer with reimbursement dollars.

Although districts are allowed a small measure of flexibility in developing a program plan, the statute requires that the plan be developed with comprehensive input from the local community. To this end, districts must demonstrate the collection and use of input from community members when determining which health services to include in the LSP. The selection of services will not be made based on short falls in a district's general fund but on

the unmet health needs identified and prioritized by the community members. A BOCES must demonstrate the collection and use of input from member district communities.

Part II-A **-** On this form, please include a description of the following:

Part II-A-1 **-** How the needs assessment was conducted? Describe who conducted the needs assessment as well as the resources or statistical data used and the key informants who provided information about local health needs.

Part II-A-2 **–** What are health needs of students in your community identified by the health needs assessment process?

Part II-A-3 **-** Indicate how community participants were selected and describe how input concerning health need priorities was collected from these sources. Please indicate the methods that were used: meetings (list number of meetings) survey monkey, telephone interviews, etc.

Part II-A-4 **–** List the prioritized health needs determined through this process. Because this is a **community-driven** planning process, this list should correspond with the health services to be provided with reimbursement money.

Part II-A-5 **-** Explain how community input was incorporated into the decision making process concerning which health services to fund with reimbursement dollars.

Part II-B Uninsured/Underinsured Health Needs Assessment

As part of the requirement for a health needs assessment for uninsured and underinsured students, districts should address the following issues on form: ***Part II-B***

Part II-B-1 **-** Underinsured is defined in the statute as *"a person who has some health insurance, but whose insurance does not adequately cover the types of health services for which a school district may receive federal matching funds under this section" 26-4-531 (1) (d), C.R.S.* Describe the uninsured and underinsured population of students in your district and how you identified this population.

Part II-B-2 **-** Describe how the targeted needs assessment of uninsured/underinsured students was conducted. Describe who conducted the needs assessment, the resources and statistical data that were used as well as the key informants who provided information about local health needs of the uninsured/underinsured population.

Part II-B-3 **-**Describe the health needs of uninsured/underinsured students in the community identified by the health needs assessment process.

Part II-C - Community Participation

Enter community participants involved in the planning process. Identify those participants who are employees of the district by selecting Y or N from the drop down menu. Be sure to include all information requested on the form. If input was gathered through surveys, please attach a list of those names to the LSP instead of entering them in the table.

Part III - Program Plan

Developing a Program Plan

After conducting the Health Needs Assessment and establishing priorities by gathering input from the community regarding which services are needed, create a program plan that describes program goals, objectives and how service delivery will be monitored. These will be recorded on the forms in ***Part III-A and B.***

Program Plan Funding

Other than a small portion that may be spent on program administration (recommended not to exceed 20%), reimbursement funds must be spent on new or expanded health and health related services.

NOTE: Reimbursement funds shall not be used to supplant health services that are currently provided or were being provided by the district before they began participating in this program. In addition, funds shall not be used to provide any mandated health services that the district may be required to provide to students.

Districts must use reimbursement funds to deliver enhanced health services to students. These extended services (as determined by community input) may be an **increase** in the amount of service that is delivered **or an enhancement** of the quality of the service delivered.
Examples of appropriate services include:

- Increasing the amount of nursing or other provider services delivered to students
- Purchasing new **medical or health related** equipment for an individual child such as glasses
- Purchasing upgraded equipment to enhance the delivery of services to students such as a lift table to assist staff with hygiene services for multiple students
- Medicaid/CHP+ outreach and enrollment to uninsured students/families

If the service is currently being provided by the school district, reimbursement funds must be used to:

- Expand the existing service to include more students
- Increase the amount of time spent providing a service
- Enhance the quality of services delivered through staff training

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***Part III-A* - Executive Summary**

The **Executive Summary** provides a general overview of how the district plan allocates the school Medicaid reimbursement between administrative costs and health services.

Part III-A-1 District/BOCES Name

This will be pre-populated from signature page.

Part III-A-2 Estimated Reimbursement

This is the amount of reimbursement the district expects to receive after the State withholds its 8% administrative costs. The reimbursements are for the federal share of the cost of IEP health services provided by district Medicaid qualified providers to students enrolled in Medicaid. Reimbursements are made for services delivered on dates that fall within the contract year (July 1 through June 30).

Reimbursement amount is based on a school district's cost reconciliation report submitted to the department of Healthcare Policy and Financing. Districts receive 12 monthly payments based on previous cost reports. Consult previous yearly cost reports to determine estimated yearly reimbursement.

Part III-A-3 Program Expenditures Overview

Districts must determine the amount they expect to spend on expanded health services and program administration during the program year. Districts may carryover program funds for only one year unless a multi-year plan is approved under the 5-Year Plan cycle. Any funds from the previous program year must be spent by June 30. The transfer of funds to other programs is not allowed. Program funds are not available for costs incurred prior to the contract year for which the LSP is approved.

Please enter the estimated percentage of reimbursement planned for **Program Administration** and **Health Services.** Program administration costs include billing agent fees, office supplies, coordinator salaries/benefits, etc. **This cost does not include the 10 % administrative fee held back by the State**. District administrative costs should not exceed 20% of the total reimbursement except for certain circumstances, such as School Health Services Program startup costs.

***Part III-B* – Program Plan**

Part III-B-1 Administrative Plan

Enter the percentage and briefly describe administrative expenditures to be made with reimbursement funds. This would include anticipated payments to billing agents as well as

costs incurred for administering the School Health Services Program such as coordinator and program staff salary/benefits, and office supplies. This figure should not include the State 10% administrative fee that is withheld. Administrative costs should not exceed 20% of total reimbursement received. Exceptions will be granted for districts in their first year of the program with the approval of the HCPF Program Manager.

Part III-B-2- Program Goals, Objectives, Monitoring Plan, Cost and Number of Students Serviced (Example of completed goal, objective and monitoring plan at the end of this section)

Please enter the Program Goal number below the word "goal #:" Goal #1 is pre-populated. In the box provided, enter the first goal. Goals are generalized statements that guide your planning. They should address needs that were identified in the **Community Health Needs Assessment** process. **Only those health needs that were identified through this process should be addressed in the LSP**. Below are some examples of possible health needs:

- Access to health care
- Preventive health services (screenings/assessments)
- Access to dental services
- Access to mental health services such as suicide prevention instruction and anti bullying strategies

***Part III-B-2* – Program Goals and Objectives**

Enter goal and objective number in space provided. A goal can have more than one objective, so please number both goal and objective. A goal defines which health need will be met and the objective is a statement that is more explicit than a goal and indicates how the outcomes of a goal will be achieved. **Program Objectives** describe the **specific** health services that school districts will provide with reimbursement funds. They also describe how much service will be provided. LSP objectives are one of the deliverables for your contract with the state. As part of the district's contract with HCPF, the State is purchasing the services described in the LSP. For this reason, objectives must be stated as unambiguous, quantifiable units of service. The **Monitoring Plan** is the district's plan to document the delivery of the services described in the objectives and to demonstrate the performance of the contract.

Objectives - Objectives should be associated with a **Program Goal**. For each objective, please indicate the number of the goal being addressed, the objective number, and the percentage of funds allocated for the objective and the anticipated unduplicated number of students who will benefit from the service.

When writing objectives, clearly identify the number of service hours to be provided. For example, using the phrase, *up to 100 hours*, is too vague and does not clearly identify how much service will be delivered. Instead, state the actual number of hours (*100 hours)* or a range of hours (*75-100 hours)*, or a minimum of hours (*at least 100 hours)*.

GOAL 1: Increase nursing services available to students in the district.

OBJECTIVE 1: Provide additional 294 hours of nursing services (7 hrs x 42 wks).

OBJECTIVE 2: Provide 504 hours of clinic aide services (12 hrs x 42 wks) to allow the school nurse to conduct more in-depth health assessments and screenings.

GOAL 2: Increase access to health care for uninsured/underinsured students in the district.

OBJECTIVE 1: Create a list of low cost community health/mental health/dental resources for district staff to access as well as families

OBJECTIVE 2: Provide 380 hours (10 hrs x 38 wks) of Medicaid/CHP+ outreach services to assist families with accessing insurance

Please keep in mind that any equipment purchased as part of this program must be for the purpose of addressing health needs, not educational or recreational needs.

Monitoring Plan - The **Monitoring Plan** describes how the district plans to collect the quantitative data that will demonstrate the performance of the contract. This data will be reported in the Annual Report for each school year. Please state what data will be collected and how you plan to collect this data. Please remember that districts are expected to report the units of service provided, the cost of the service, and the unduplicated number of students benefiting from the service.

The unit of service will vary depending on the type of service and will be defined by the district. For example, for nursing or other provider services, it would be appropriate to track and report the number of hours of service that were spent delivering services to students. For materials, supplies, and equipment, receipts from purchases will be kept on file. If you have any questions about defining the unit of service, please contact the CDE senior consultant at 303.866.6978.

Cost: Enter the estimated percentage of providing the service. **Total percentages will calculate automatically at the bottom of the last page of goals and objectives. (Please check for accuracy)**

 # Students Served: Enter the estimated number of students receiving the services. Avoid using "district wide" as this is too vague and prohibits accountability in the reporting process.

Example of goal, objective and monitoring plan, cost and number of students served:

Goal #: **1**	Increase nursing services available to students in the district.	
Objective #: **1**	Provide additional 294 hours of nursing services (7 hrs x 42 wks).	
Monitoring Plan:	District payroll and benefits records will be used to monitor staffing hours	
	Cost: $4,000.00	# Students Served 500

***Part III-C* – Expenditures by CDE Category**

CDE breaks down expenditures by the categories listed in this section of the LSP. A description of the categories is below. Please enter the percentage of total health services for each service category. Multiple objectives providing the same service should be combined for this form only. For example, even though materials, equipment, or supplies may be purchased under different objectives enter the total cost on the form under the **Materials/Equipment/Supplies** category.

Some health services listed in the LSP may cover different categories. For example, a nurse may provide services that include hearing and vision screenings, dental screenings, and health education. The services delivered would best be categorized as **Nursing Services**. Even though a health assistant may provide insurance outreach as part of her duties, her services would best be characterized as **Health Assistant/Clinic Aide**. If it is not practical to separate the expenditures by category, districts may use their best judgment to categorize the service.

Part III-D- CDE Category Definitions

Assistance/Emergency Funds –Assistance or emergency funding to help low income students access basic health-related necessities. This may include vouchers for prescriptions and co-payments and assistance with purchasing glasses, hearing aids, hygiene items, or any other health related materials.

Assistive Technology – This category includes assistive technology used by provider and purchased for generalized use by multiple students. **The equipment must provide health or health related assistance and cannot be used for educational purposes.**

Audiology – This category includes services delivered by an Audiologist in addition to Audiology services delivered by other personnel (screenings, re-screenings, referrals, etc.). It may also include assessment tools and screening equipment used to deliver Audiology services.

Case Management – This includes services such as care coordination, assessment, referrals, and other health-related case management services.

Dental – This may include screenings and referrals, subcontracted dental services, or vouchers for dental care and follow-up.

Health Assistant/Clinic Aide – This category may include direct health services, entering immunization data, clinic aides, or administrative services that allow providers to deliver more direct health services to students. Most of these activities would be non-delegated.

Health Education – Health education includes health instruction delivered to students and materials or curriculum related to this instruction.

Health/Wellness Coordinator and staff- Includes salary and benefits for district wellness coordinator. Duties of this staff can include coordinating the Medicaid School Health Services Program for the district.

Insurance Outreach – Medicaid/CHP+- This includes insurance outreach activities and may include bilingual outreach services. This category may overlap with Parent/Family Services.

Materials/Equipment/Supplies – This broad category includes all health-related materials, equipment and supplies. You may combine and include all health-related goods in this category or include it under other categories. For example, you could include Speech

Language assessment toolkits in the Speech Language category or an audiometer in the Audiology category.

Mental Health – Mental health services include psychology, social work, counseling, behavior therapy, suicide prevention, anti bullying programs and other mental health services. It may also include assessment tools or curriculum used to deliver mental health services.

Nursing Services – Nursing services are those delivered by a licensed nurse. Delegated nursing services should be included as Health Assistant/Clinic Aide or Intensive Health Tech.

Nutrition –This category could include health education that focuses solely on nutrition.

Parent/Family Services – This category includes family support and referral services, parenting training and services, bi-lingual liaisons, and other services delivered to families of students. Districts may include insurance outreach as a family service when it is part of a broader

Professional Development – This category includes staff development and training. It could also include health-oriented materials such as books and computer software used for staff development. **Funds should not be used for travel expenses** related to attending conferences and trainings.

Physician Services – Physician services include any services or subcontracted services delivered by a physician.

Screenings and Assessments – This category includes any non-mandated screenings or assessments. You may wish to categorize these under type of screening (count vision screenings under the Vision category), or you may wish to categorize all screening types under this category. Screenings should be **enhanced** over and above mandated screenings.

Transportation – This category includes transportation services that enable students to receive health services. These services could include personnel, special equipment, or actual costs.

Vision - This category includes screenings, re-screenings, referrals, follow-up care, etc. It may also include screening equipment or other materials related to the delivery of vision services.

***Part IV*-Supplemental – Subcontracted Services**

If any of the services are to be subcontracted, including administrative services provided by billing agents, please complete form **Part 4-Supplemental – Subcontracted Services**. As part of their contract, districts are required to monitor the performance of subcontractors to ensure that State funds are being used appropriately. For each subcontracted service, indicate the services to be delivered, the name of the subcontractor(s) if known and how the subcontractor(s) were or will be chosen.

Please address all inquiries concerning
Local Services Plan Guidelines to:

Jill Mathews, Senior Consultant
Colorado Department of Education
Medicaid School Health Services
Phone: 303-866-6978 Email: mathews_j@cde.state.co.us