

**School Health Program
Five-Year Local Service
Plan Year: 2020-2025**

COVER PAGE

County and District #:	
Name of District:	
Program Contact Name:	
Phone:	
Email:	

Please submit 1 original signature page. Electronic or scanned copies can be emailed to mathews_j@cde.state.co.us. Faxes will not be accepted. Be sure to read the entire Local Services Plan (LSP) Guidelines before submitting. LSP's must be submitted on the forms included in this document. BOCES must include an additional page that lists the names of member districts that are participating through the BOCES.

Due Date: Friday, June 12, 2020

Mail one (1) signed signature page to:

Jill Mathews
School Health Services Program
Senior Consultant
Colorado Department of Education
201 East Colfax Avenue
Room 300
Denver, CO 80203

SchoolHealth Program Five-Year Local Service Plan Year: 2020-2025

SIGNATURE PAGE

Assurances

The signatures on this page assure the following as a condition of participation in the Medicaid School Health Services Program:

Each school district that chooses to enter into a contract as provided in this section shall develop a services plan with input from the local community that identifies the types of health services needed by students within the school district and the services it anticipates providing. Except for medical emergencies and services related to allegations of child abuse, a student's participation in any psychological, behavioral, social or emotional services, including counseling or referrals, shall be optional and shall require the prior written and informed consent of a parent or legal guardian of the student. 25.55318(4)(a)(I)

Any health questionnaire or form related to services funded in part through this section shall only relate to the student's personal health, habits or conduct and shall not include questions concerning the habits or conduct of any other member of the student's family. 25.55318(4)(a)(II)(A)

No medical or health data or information identifying the student or the student's family shall be disclosed to any person other than a person specifically authorized to receive the information or data without the prior written and informed consent of a parent or legal guardian of the student. 25.55318(4)(a)(II)(B)

Each school district that chooses to enter into a contract as provided in this section shall perform an assessment of the health care needs of its uninsured and underinsured students and may spend an appropriate portion, not to exceed thirty percent, of the federal moneys received on health care for low-income students. For purposes of this paragraph (b), low income students means students whose families are below one hundred eighty-five percent of the federal poverty level. 25.55318(4)(b)
Under the contract entered into pursuant to this section, a contracting school district shall receive from the state department all of the federal matching funds for which it is eligible under the contract, less the amount of state administrative costs allowed under paragraph (b) of this subsection (8). All moneys received by a school district pursuant to this section shall be used only to offset costs incurred for provision of student health services by the school district or to cash fund student health services in the school district. 25.55318 (8) (a)

No moneys shall be expended in any form for abortions, except as provided in Section 26-4-512 or as required by federal law. 25.5-4-415

Where possible, the school district shall coordinate the provision of health services to a student with the student's primary care provider. Except for those services that are required by an individual educational program developed pursuant to Section 22-20-108(4), C.R.S., or by a Section 504 Plan developed pursuant to the federal "Rehabilitation Act of 1973", 29 U.S. C. Sec. 701, et seq., school district shall not claim reimbursement under this section for direct services to students enrolled in health maintenance organizations that would normally be provided to students by their health maintenance organization. 25.55318 (10)(b)

District/BOCES Medicaid Contact (please print)

School District/BOCES Name

Signature (must be signed in blue ink)

Street Address

Title

City/State/Zip Code

Date

Phone Number

Federal ID Number (FEIN)

Email Address

SchoolHealth Program
Five-Year Local Service Plan
Year: 2020-2025

EXECUTIVE SUMMARY

1. **School District/BOCES** _____

2. **Estimated yearly reimbursement** \$ _____

3. **Program Expenditures** - list program expenditures by percentage in the table below:

2020-2021 LSP Expenditures by percentage	Percentage
Program Administration	
Health Services	
Total 2020-2021 Expenditures by percentage	

Part III-B – Program Plan

PROGRAM PLAN

III-B-1 Administrative Plan

Total Administrative Percentages _____%

Please briefly describe administrative activities and percentages in the space below: **(Billing/Consulting Agent, indirect costs, coordinator S/B, and office supplies expenses should be included here)**

**School Health Program
Five-Year Local Service
Plan Year: 2020-2025**

Total Health Services Percentage _____%

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

**School Health Program
Five-Year Local Service
Plan Year: 2020-2025**

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

Goal #:		
Objective #:		
Monitoring Plan:		
	Percent of Total Health Services %	# Students Served

School Health Program Five-Year Local Service Plan Year: 2020-2025

Goal #:			
Objective #:			
Monitoring Plan:			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;">Percent of Total Health Services %</td> <td style="width: 50%; padding: 5px; text-align: center;"># Students Served</td> </tr> </table>	Percent of Total Health Services %	# Students Served
Percent of Total Health Services %	# Students Served		

Goal #:			
Objective #:			
Monitoring Plan:			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;">Percent of Total Health Services %</td> <td style="width: 50%; padding: 5px; text-align: center;"># Students Served</td> </tr> </table>	Percent of Total Health Services %	# Students Served
Percent of Total Health Services %	# Students Served		

Total Health Service Percentage: _____ %

Total # Students Served: _____

Types of services

For definitions, see the Local Service Plan Guidelines.

DS = Direct Service, IS = Indirect Service, OS = Other Service, SS = Subcontracted Service

SchoolHealth Program
Five-Year Local Service Plan
 Year: 2020-2025

EXPENDITURES BY CDE CATEGORY (Required for state reporting purposes)

Health Service Category	Percentage
Assistance/Emergency Funds	
Assistive Technology	
Audiology	
Case Management	
Dental	
Health Assistant/Clinic Aide	
Health Education	
Health/Wellness Coordinator or Staff	
Intensive Health Tech	
Insurance Outreach - CHP+ & Medicaid	
Materials/Equipment/Supplies	
Mental Health	
Motor Therapy	
Nursing Services	
Nutrition	
Occupational Therapy	
Orientation & Mobility	
Parent/Family Services	
Physical Therapy	
Professional Development	
Physician Services	
Speech Language	
Screenings and Assessments	
Transportation	
Vision	
TOTAL CDE CATEGORY PERCENTAGE:	

School Health Program
Five-Year Local Service Plan
Year: 2020-2025

SUPPLEMENTAL - SUBCONTRACTED SERVICES

Subcontracted Services

If any services will be subcontracted (for administration/billing agent or for health services) please provide the following information for each type of service:

1. The services being subcontracted (as listed in the Executive Summary).

2. The name of the subcontractor(s).